Australian Government

Department of Health, Disability and Ageing

Schedule of Pharmaceutical Benefits

General Pharmaceutical Schedule - Volume 1

Effective 1 July 2026

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

© Commonwealth of Australia
ISSN 1037-3667

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at http://www.ag.gov.au

This Schedule provides information on the arrangements for the prescribing and supply of pharmaceutical benefits. These arrangements operate under the *National Health Act 1953*. However, at the time of printing, the relevant legislation giving authority for the changes included in this issue of the Schedule may still be subject to the usual Parliamentary scrutiny. This book is not a legal document, and, in cases of discrepancy, the legislation will be the source document for payment for the supply of pharmaceutical benefits. The legislation is available from the Federal Register of Legislation website at www.legislation.gov.au.
The information is not intended to give or replace any legal, medical, dental or optometrical advice. This document is not a legal document and does not constitute legal advice. Neither the information nor this document can be relied upon without first seeking and obtaining independent legal, medical, dental or optometrical advice beforehand. To the extent permitted by law, the Commonwealth of Australia will not be held responsible, nor accept any liability (whether arising out of negligence or otherwise), for any injury, damages, costs, expenses and losses suffered or incurred by a person where such a person has relied on this document or used the information in it as legal, medical, dental or optometrical advice.

Contents

Fees, Patient Contributions and Safety Net Thresholds **1**
Summary of Changes **2**
About the Schedule **22**
Symbols and Abbreviations Used in the Schedule 22
Restricted Benefits 23
Guidelines and General Statements **24**
General Statement for Drugs for the Treatment of Hepatitis C 24
Pharmaceutical Benefits Schedules **26**
Prescriber Bag 27
General Pharmaceutical Benefits 33
Palliative Care 1690
Repatriation Pharmaceutical Benefits Scheme 1708
Extemporaneously Prepared Benefits **1766**
Drug Tariff 1767
Container Prices 1770
Standard Formula Preparations 1771
Codes, Maximum Quantities, and Number of Repeats for Extemporaneously Prepared Benefits 1772
Index of Manufacturer Codes **1773**
Generic/Proprietary Index **1776**

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 July 2026 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	$9.24
	Dangerous drug fee	$5.73
	Extemporaneously-prepared	$11.28
	Allowable additional patient charge*	$2.79
Additional Fees (for safety net prices):	Ready-prepared	$1.54
	Extemporaneously-prepared	$1.99
Patient Co-payments:	General	$25.00
	Concessional	$7.70
Safety Net Thresholds:	General	$1748.20
	Concessional	$277.20
Safety Net Card Issue Fee:		$12.78

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

Summary of Changes

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 July 2026. The Schedule is updated on the first day of each month and is available on the internet at www.pbs.gov.au.

▪ Prescriber Bag

Additions

Addition – Item

15406W BENZATHINE BENZYLPENICILLIN, benzathine benzylpenicillin 1.2 million units powder for injection, 1 vial *(Benzylpenicillin benzathine (Brancaster Pharma, UK))*

Alterations

Alteration – Note

15053G BENZATHINE BENZYLPENICILLIN, benzathine benzylpenicillin 1.2 million units powder for injection [1 vial] (&) inert substance diluent [4 mL ampoule], 1 pack *(Lentocilin S 1200 (Portugal))*

11755Q BENZATHINE BENZYLPENICILLIN, benzathine benzylpenicillin tetrahydrate 1.2 million units (1016.6 mg)/2.3 mL injection, 10 x 2.3 mL syringes *(Bicillin L-A)*

▪ General Pharmaceutical Benefits

Additions

Addition – Item

15414G ADRENALINE (EPINEPHRINE), Adrenaline (epinephrine) 1 mg/actuation nasal spray, 2 x 1 actuation *(neffy)*

15404R ADRENALINE (EPINEPHRINE), Adrenaline (epinephrine) 2 mg/actuation nasal spray, 2 x 1 actuation *(neffy)*

15376G ALECTINIB, alectinib 150 mg capsule, 4 x 56 *(Alecensa)*

15365Q BENZATHINE BENZYLPENICILLIN, benzathine benzylpenicillin 1.2 million units powder for injection, 1 vial *(Benzylpenicillin benzathine (Brancaster Pharma, UK))*

15389Y BENZATHINE BENZYLPENICILLIN, benzathine benzylpenicillin 1.2 million units powder for injection, 1 vial *(Benzylpenicillin benzathine (Brancaster Pharma, UK))*

15401N FUTIBATINIB, Futibatinib 4 mg tablet, 35 *(Lytgobi)*

15393E INSULIN DEGLUDEC, insulin degludec 100 units/mL injection, 5 x 3 mL cartridges *(Tresiba Penfill)*

15377H METHADONE, methadone hydrochloride 5 mg tablet, 20 *(METHADONE-AFT)*

15381M MIDAZOLAM, midazolam 2.5 mg/0.25 mL oral liquid, 0.25 mL syringe *(Zyamis)*

15388X MIDAZOLAM, midazolam 2.5 mg/0.25 mL oral liquid, 0.25 mL syringe *(Zyamis)*

15378J OSIMERTINIB, osimertinib 40 mg tablet, 30 *(Tagrisso)*

15392D OSIMERTINIB, osimertinib 80 mg tablet, 30 *(Tagrisso)*

15415H PHENOBARBITAL, phenobarbital 30 mg tablet, 100 *(Phenobarbital Tablets, USP 30 mg (Rising Pharmaceuticals, USA))*

15371B SELPERCATINIB, Selpercatinib 40 mg tablet, 56 *(Retevmo)*

15416J SELPERCATINIB, Selpercatinib 80 mg tablet, 56 *(Retevmo)*

15366R TENOFOVIR DISOPROXIL + EMTRICITABINE, tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg tablet, 30 *(Tenofovir Disoproxil Emtricitabine Viatris 300/200)*

15383P TENOFOVIR DISOPROXIL + EMTRICITABINE, tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30 *(CIPLA TENOFOVIR + EMTRICITABINE 300/200, TENOFOVIR/EMTRICITABINE 300/200 APX, TENOFOVIR/EMTRICITABINE 300/200 ARX)*

15410C TENOFOVIR DISOPROXIL + EMTRICITABINE, tenofovir disoproxil succinate 301 mg + emtricitabine 200 mg tablet, 30 *(Tenofovir/Emtricitabine Sandoz 301/200)*

15380L TRIGLYCERIDES MEDIUM CHAIN FORMULA, triglycerides medium chain formula powder for oral liquid, 400 g *(Monogen)*

15382N UPADACITINIB, upadacitinib 30 mg modified release tablet, 28 *(Rinvoq)*

15368W USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial *(Wezlana)*

15390B USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial *(Wezlana)*

15397J USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial *(Wezlana)*

15400M USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial *(Wezlana)*

Addition – Brand

5468T *Dutacor, CR* – DUTASTERIDE, dutasteride 500 microgram capsule, 30

13900N *Dutacor, CR* – DUTASTERIDE, dutasteride 500 microgram capsule, 30

1598D *ARX-Mercaptopurine, XT* – MERCAPTOPURINE, mercaptopurine monohydrate 50 mg tablet, 25

9449H *Blooms The Chemist Sitagliptin/Metformin 50/500, BG* – SITAGLIPTIN + METFORMIN, sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

13994M *Blooms The Chemist Sitagliptin/Metformin 50/500, BG* – SITAGLIPTIN + METFORMIN, sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

9450J *Blooms The Chemist Sitagliptin/Metformin 50/850, BG* – SITAGLIPTIN + METFORMIN, sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

14064F *Blooms The Chemist Sitagliptin/Metformin 50/850, BG* – SITAGLIPTIN + METFORMIN, sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

10090C *Sitagliptin/Metformin XR KND, CR* – SITAGLIPTIN + METFORMIN, sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

13990H *Sitagliptin/Metformin XR KND, CR* – SITAGLIPTIN + METFORMIN, sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

9451K *Blooms The Chemist Sitagliptin/Metformin 50/1000, BG* – SITAGLIPTIN + METFORMIN, sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

14035Q *Blooms The Chemist Sitagliptin/Metformin 50/1000, BG* – SITAGLIPTIN + METFORMIN, sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

10089B *Sitagliptin/Metformin XR KND, CR* – SITAGLIPTIN + METFORMIN, sitagliptin 100 mg + metformin hydrochloride 1 g modified release tablet, 28

14031L *Sitagliptin/Metformin XR KND, CR* – SITAGLIPTIN + METFORMIN, sitagliptin 100 mg + metformin hydrochloride 1 g modified release tablet, 28

1418P *Ticagrelor SUN, RA* – TICAGRELOR, ticagrelor 90 mg tablet, 56

13524T *Ticagrelor SUN, RA* – TICAGRELOR, ticagrelor 90 mg tablet, 56

14877B *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14879D *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14890Q *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14891R *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14892T *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14898D *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14899E *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14908P *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14909Q *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14916C *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14933Y *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14944M *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

9304Q *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

9305R *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10767Q *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10774C *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

11178H *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12662K *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12664M *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12669T *Wezlana, AN* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

13261Y *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

13273N *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

13789R *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

13805N *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14878C *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14893W *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14897C *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14907N *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14917D *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14918E *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14926N *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14934B *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14935C *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14943L *Wezlana, AN* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

Addition – Equivalence Indicator

1850J *Phenobarb, RW* – PHENOBARBITAL, phenobarbital 30 mg tablet, 200

14693H *Retevmo, LY* – SELPERCATINIB, Selpercatinib 40 mg capsule, 56

14703W *Retevmo, LY* – SELPERCATINIB, selpercatinib 80 mg capsule, 56

14877B *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14879D *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14890Q *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14891R *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14892T *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14898D *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14899E *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14908P *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14909Q *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14916C *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14933Y *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14944M *Steqeyma, EW* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

9304Q *Stelara, JC* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

9305R *Stelara, JC* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10767Q *Stelara, JC* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10774C *Stelara, JC* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

11178H *Stelara, JC* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12662K *Stelara, JC* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12664M *Stelara, JC* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12669T *Stelara, JC* – USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

14878C *Steqeyma, EW* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14893W *Steqeyma, EW* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14897C *Steqeyma, EW* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14907N *Steqeyma, EW* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14917D *Steqeyma, EW* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14918E *Steqeyma, EW* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14926N *Steqeyma, EW* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14934B *Steqeyma, EW* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14935C *Steqeyma, EW* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

14943L *Steqeyma, EW* – USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe

Addition – Note

1850J PHENOBARBITAL, phenobarbital 30 mg tablet, 200 *(Phenobarb)*

14693H SELPERCATINIB, selpercatinib 40 mg capsule, 56 *(Retevmo)* - Supply Only

14703W SELPERCATINIB, selpercatinib 80 mg capsule, 56 *(Retevmo)* - Supply Only

Addition – Caution

8697R ADRENALINE (EPINEPHRINE), adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device *(Adrenaline Jr Viatris, Anapen Junior 150, EpiPen Jr.)*

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

12655C ADRENALINE (EPINEPHRINE), adrenaline (epinephrine) 500 microgram/0.3 mL injection, 0.3 mL pen device *(Anapen 500)*

Deletions

Deletion – Brand

5551E *Bimtop, AF* – BIMATOPROST, bimatoprost 0.03% eye drops, 3 mL

8620Q *Bimtop, AF* – BIMATOPROST, bimatoprost 0.03% eye drops, 3 mL

14315K *Bimtop, AF* – BIMATOPROST, bimatoprost 0.03% eye drops, 3 mL

8362D *Capecitabine Sandoz, SZ* – CAPECITABINE, capecitabine 500 mg tablet, 120

9483D *EzSimva GH 10/10, GQ* – EZETIMIBE + SIMVASTATIN, ezetimibe 10 mg + simvastatin 10 mg tablet, 30

13385L *EzSimva GH 10/10, GQ* – EZETIMIBE + SIMVASTATIN, ezetimibe 10 mg + simvastatin 10 mg tablet, 30

8887R *Meloxicam Sandoz, SZ* – MELOXICAM, meloxicam 7.5 mg capsule, 30

8888T *Meloxicam Sandoz, SZ* – MELOXICAM, meloxicam 15 mg capsule, 30

3050M *Idaprex 2, SZ* – PERINDOPRIL, perindopril erbumine 2 mg tablet, 30

13404L *Idaprex 2, SZ* – PERINDOPRIL, perindopril erbumine 2 mg tablet, 30

3051N *Idaprex 4, SZ* – PERINDOPRIL, perindopril erbumine 4 mg tablet, 30

13371R *Idaprex 4, SZ* – PERINDOPRIL, perindopril erbumine 4 mg tablet, 30

8704D *Idaprex 8, SZ* – PERINDOPRIL, perindopril erbumine 8 mg tablet, 30

13372T *Idaprex 8, SZ* – PERINDOPRIL, perindopril erbumine 8 mg tablet, 30

8449Q *Idaprex Combi 4/1.25, SZ* – PERINDOPRIL + INDAPAMIDE, perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

13476G *Idaprex Combi 4/1.25, SZ* – PERINDOPRIL + INDAPAMIDE, perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

1952R *Rasagiline Sandoz, SZ* – RASAGILINE, rasagiline 1 mg tablet, 30

14458Y *Rasagiline Sandoz, SZ* – RASAGILINE, rasagiline 1 mg tablet, 30

Deletion – Equivalence Indicator

8362D *Xelabine, AL* – CAPECITABINE, capecitabine 500 mg tablet, 120

11366F *LINCOMYCIN SXP, XN* – LINCOMYCIN, lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules

11380Y *LINCOMYCIN SXP, XN* – LINCOMYCIN, lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules

Deletion – Note

11366F LINCOMYCIN, lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules *(LINCOMYCIN SXP)*

11380Y LINCOMYCIN, lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules *(LINCOMYCIN SXP)*

9327X MEDIUM CHAIN TRIGLYCERIDES, medium chain triglycerides oral liquid, 250 mL bottle *(Liquigen)*

3128P MEDIUM CHAIN TRIGLYCERIDES, medium chain triglycerides oral oil, 500 mL *(MCT Oil)*

12948L TRIGLYCERIDES MEDIUM CHAIN FORMULA, triglycerides medium chain formula oral liquid, 12 x 500 mL bottles *(Nutrini Peptisorb)*

1938B TRIGLYCERIDES MEDIUM CHAIN FORMULA, triglycerides medium chain formula powder for oral liquid, 400 g *(Lipistart)*

10154K TRIGLYCERIDES MEDIUM CHAIN FORMULA, triglycerides medium chain formula powder for oral liquid, 400 g *(Peptamen Junior)*

10155L TRIGLYCERIDES MEDIUM CHAIN FORMULA, triglycerides medium chain formula powder for oral liquid, 400 g *(Lipistart)*

Deletion – Caution

8697R ADRENALINE (EPINEPHRINE), adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device *(Adrenaline Jr Viatris, Anapen Junior 150, EpiPen Jr.)*

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

12655C ADRENALINE (EPINEPHRINE), adrenaline (epinephrine) 500 microgram/0.3 mL injection, 0.3 mL pen device *(Anapen 500)*

Alterations

Alteration – Note

12345R ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices *(Hadlima, Humira, Hyrimoz, Yuflyma)*

12389C ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices *(Hadlima, Humira, Hyrimoz, Yuflyma)*

12410E ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Hadlima, Humira, Hyrimoz, Yuflyma)*

12433J ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices *(Hadlima, Humira, Hyrimoz, Yuflyma)*

12451H ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Hadlima, Humira, Hyrimoz, Yuflyma)*

12453K ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Hadlima, Humira, Hyrimoz, Yuflyma)*

13219R ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Hadlima, Hyrimoz, Yuflyma)*

13225C ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices *(Hadlima, Hyrimoz, Yuflyma)*

9188N ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Amgevita, Hadlima, Hyrimoz)*

9189P ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Amgevita, Hadlima, Hyrimoz)*

9190Q ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Abrilada, Amgevita, Hadlima, Hyrimoz)*

9191R ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Abrilada, Amgevita, Hadlima, Hyrimoz)*

12352D ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Abrilada, Amgevita, Hadlima, Hyrimoz)*

12387Y ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Amgevita, Hadlima, Hyrimoz)*

12402R ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Abrilada, Amgevita, Hadlima, Hyrimoz)*

12437N ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Amgevita, Hadlima, Hyrimoz)*

12372E ADALIMUMAB, adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe *(Humira, Yuflyma)*

12419P ADALIMUMAB, adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device *(Humira, Hyrimoz, Yuflyma)*

8697R ADRENALINE (EPINEPHRINE), adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device *(Adrenaline Jr Viatris, Anapen Junior 150, EpiPen Jr.)*

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

12655C ADRENALINE (EPINEPHRINE), adrenaline (epinephrine) 500 microgram/0.3 mL injection, 0.3 mL pen device *(Anapen 500)*

15058M BENZATHINE BENZYLPENICILLIN, benzathine benzylpenicillin 1.2 million units powder for injection [1 vial] (&) inert substance diluent [4 mL ampoule], 1 pack *(Lentocilin S 1200 (Portugal))*

15063T BENZATHINE BENZYLPENICILLIN, benzathine benzylpenicillin 1.2 million units powder for injection [1 vial] (&) inert substance diluent [4 mL ampoule], 1 pack *(Lentocilin S 1200 (Portugal))*

2267H BENZATHINE BENZYLPENICILLIN, benzathine benzylpenicillin tetrahydrate 1.2 million units (1016.6 mg)/2.3 mL injection, 10 x 2.3 mL syringes *(Bicillin L-A)*

5027N BENZATHINE BENZYLPENICILLIN, benzathine benzylpenicillin tetrahydrate 1.2 million units (1016.6 mg)/2.3 mL injection, 10 x 2.3 mL syringes *(Bicillin L-A)*

12551N INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL pen device *(Remsima SC)*

12560C INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL pen device *(Remsima SC)*

12567K INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL pen device *(Remsima SC)*

12585J INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL syringe *(Remsima SC)*

12586K INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL syringe *(Remsima SC)*

12597B INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL syringe *(Remsima SC)*

13768P UPADACITINIB, upadacitinib 15 mg modified release tablet, 28 *(Rinvoq)*

13746L UPADACITINIB, upadacitinib 30 mg modified release tablet, 28 *(Rinvoq)*

13762H UPADACITINIB, upadacitinib 30 mg modified release tablet, 28 *(Rinvoq)*

13771T UPADACITINIB, upadacitinib 45 mg modified release tablet, 28 *(Rinvoq)*

11178H USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial *(Stelara, Wezlana)*

14898D USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe *(Steqeyma, Wezlana)*

14909Q USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe *(Steqeyma, Wezlana)*

14926N USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe *(Steqeyma, Wezlana)*

14934B USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe *(Steqeyma, Wezlana)*

12620F VEDOLIZUMAB, vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices *(Entyvio)*

12638E VEDOLIZUMAB, vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices *(Entyvio)*

12654B VEDOLIZUMAB, vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices *(Entyvio)*

Alteration – Restriction

12345R ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices *(Hadlima, Humira, Hyrimoz, Yuflyma)*

12389C ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices *(Hadlima, Humira, Hyrimoz, Yuflyma)*

12410E ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Hadlima, Humira, Hyrimoz, Yuflyma)*

12433J ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices *(Hadlima, Humira, Hyrimoz, Yuflyma)*

12451H ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Hadlima, Humira, Hyrimoz, Yuflyma)*

12453K ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Hadlima, Humira, Hyrimoz, Yuflyma)*

13219R ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes *(Hadlima, Hyrimoz, Yuflyma)*

13225C ADALIMUMAB, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices *(Hadlima, Hyrimoz, Yuflyma)*

9188N ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Amgevita, Hadlima, Hyrimoz)*

9189P ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Amgevita, Hadlima, Hyrimoz)*

9190Q ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Abrilada, Amgevita, Hadlima, Hyrimoz)*

9191R ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Abrilada, Amgevita, Hadlima, Hyrimoz)*

12352D ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Abrilada, Amgevita, Hadlima, Hyrimoz)*

12387Y ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Amgevita, Hadlima, Hyrimoz)*

12402R ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices *(Abrilada, Amgevita, Hadlima, Hyrimoz)*

12437N ADALIMUMAB, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes *(Amgevita, Hadlima, Hyrimoz)*

12372E ADALIMUMAB, adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe *(Humira, Yuflyma)*

12419P ADALIMUMAB, adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device *(Humira, Hyrimoz, Yuflyma)*

15359J ADRENALINE (EPINEPHRINE), adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device *(Jext Jnr)*

8697R ADRENALINE (EPINEPHRINE), adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device *(Adrenaline Jr Viatris, Anapen Junior 150, EpiPen Jr.)*

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

15355E ADRENALINE (EPINEPHRINE), adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device *(Jext)*

12655C ADRENALINE (EPINEPHRINE), adrenaline (epinephrine) 500 microgram/0.3 mL injection, 0.3 mL pen device *(Anapen 500)*

11226W ALECTINIB, alectinib 150 mg capsule, 4 x 56 *(Alecensa)*

15337F GLYCOPYRRONIUM, Glycopyrronium 2.2 mg/actuation cream, 124 actuations *(Axhidrox)*

12551N INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL pen device *(Remsima SC)*

12560C INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL pen device *(Remsima SC)*

12567K INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL pen device *(Remsima SC)*

12585J INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL syringe *(Remsima SC)*

12586K INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL syringe *(Remsima SC)*

12597B INFLIXIMAB, infliximab 120 mg/mL injection, 1 mL syringe *(Remsima SC)*

14292F MIDAZOLAM, midazolam 5 mg/0.5 mL oral liquid, 0.5 mL syringe *(Zyamis)*

14238J MIDAZOLAM, midazolam 7.5 mg/0.75 mL oral liquid, 0.75 mL syringe *(Zyamis)*

14270C MIDAZOLAM, midazolam 10 mg/mL oral liquid, 1 mL syringe *(Zyamis)*

10154K TRIGLYCERIDES MEDIUM CHAIN FORMULA, triglycerides medium chain formula powder for oral liquid, 400 g *(Peptamen Junior)*

13768P UPADACITINIB, upadacitinib 15 mg modified release tablet, 28 *(Rinvoq)*

13746L UPADACITINIB, upadacitinib 30 mg modified release tablet, 28 *(Rinvoq)*

13762H UPADACITINIB, upadacitinib 30 mg modified release tablet, 28 *(Rinvoq)*

13771T UPADACITINIB, upadacitinib 45 mg modified release tablet, 28 *(Rinvoq)*

11178H USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial *(Stelara, Wezlana)*

12664M USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial *(Stelara, Wezlana)*

14891R USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe *(Steqeyma, Wezlana)*

14898D USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe *(Steqeyma, Wezlana)*

14909Q USTEKINUMAB, ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe *(Steqeyma, Wezlana)*

14926N USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe *(Steqeyma, Wezlana)*

14934B USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe *(Steqeyma, Wezlana)*

14943L USTEKINUMAB, ustekinumab 90 mg/mL injection, 1 mL syringe *(Steqeyma, Wezlana)*

12620F VEDOLIZUMAB, vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices *(Entyvio)*

12638E VEDOLIZUMAB, vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices *(Entyvio)*

12654B VEDOLIZUMAB, vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices *(Entyvio)*

Alteration – Manufacturer Code

		From	*To*
10922W	*Nuvigil* – **ARMODAFINIL**, armodafinil 50 mg tablet, 30	TB	FW
10912H	*Nuvigil* – **ARMODAFINIL**, armodafinil 150 mg tablet, 30	TB	FW
10919Q	*Nuvigil* – **ARMODAFINIL**, armodafinil 250 mg tablet, 30	TB	FW
5457F	*CORORA* – **DENOSUMAB**, denosumab 60 mg/mL injection, 1 mL syringe	GV	XW
5457F	*Prolia* – **DENOSUMAB**, denosumab 60 mg/mL injection, 1 mL syringe	AN	XT
15001M	*Xgeva* – **DENOSUMAB**, denosumab 120 mg/mL injection, 1 mL syringe	AN	XT
15013E	*Xgeva* – **DENOSUMAB**, denosumab 120 mg/mL injection, 1 mL syringe	AN	XT
5110Y	*GANVADO* – **DENOSUMAB**, denosumab 120 mg/1.7 mL injection, 1.7 mL vial	GV	XW
10061M	*GANVADO* – **DENOSUMAB**, denosumab 120 mg/1.7 mL injection, 1.7 mL vial	GV	XW
5110Y	*Xgeva* – **DENOSUMAB**, denosumab 120 mg/1.7 mL injection, 1.7 mL vial	AN	XT
10061M	*Xgeva* – **DENOSUMAB**, denosumab 120 mg/1.7 mL injection, 1.7 mL vial	AN	XT
8816B	*Modavigil* – **MODAFINIL**, modafinil 100 mg tablet, 60	TB	FW

Supply Only

Supply Only – Period Commencing

11620N OSIMERTINIB, osimertinib 40 mg tablet, 30 *(Tagrisso)*

12233W OSIMERTINIB, osimertinib 40 mg tablet, 30 *(Tagrisso)*

14162J OSIMERTINIB, osimertinib 40 mg tablet, 30 *(Tagrisso)*

11622Q OSIMERTINIB, osimertinib 80 mg tablet, 30 *(Tagrisso)*

12232T OSIMERTINIB, osimertinib 80 mg tablet, 30 *(Tagrisso)*

14168Q OSIMERTINIB, osimertinib 80 mg tablet, 30 *(Tagrisso)*

14693H SELPERCATINIB, Selpercatinib 40 mg capsule, 56 *(Retevmo)*

14703W SELPERCATINIB, selpercatinib 80 mg capsule, 56 *(Retevmo)*

8478F TRIGLYCERIDES MEDIUM CHAIN FORMULA, triglycerides medium chain formula powder for oral liquid, 400 g *(Monogen)*

10152H TRIGLYCERIDES MEDIUM CHAIN FORMULA, triglycerides medium chain formula powder for oral liquid, 400 g *(Monogen)*

Supply Only – Period Ending

11245W GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE, glycomacropeptide formula with docosahexaenoic acid and low phenylalanine powder for oral liquid, 30 x 27 g sachets *(PKU Sphere15)*

2530E LINCOMYCIN, lincomycin 600 mg/2 mL injection, 5 x 2 mL vials *(Lincocin)*

5144R LINCOMYCIN, lincomycin 600 mg/2 mL injection, 5 x 2 mL vials *(Lincocin)*

2481N OXYCODONE, oxycodone 30 mg suppository, 12 *(Proladone)*

5194J OXYCODONE, oxycodone 30 mg suppository, 12 *(Proladone)*

11286B SAXAGLIPTIN + DAPAGLIFLOZIN, saxagliptin 5 mg + dapagliflozin 10 mg tablet, 28 *(Qtern 5/10)*

13855F SAXAGLIPTIN + DAPAGLIFLOZIN, saxagliptin 5 mg + dapagliflozin 10 mg tablet, 28 *(Qtern 5/10)*

Advance Notices

1 August 2026

Deletion – Item

8409N *Qvar 100 Autohaler, IL* – BECLOMETASONE, beclometasone dipropionate 100 microgram/actuation breath activated inhalation, 200 actuations

14514X *Qvar 100 Autohaler, IL* – BECLOMETASONE, beclometasone dipropionate 100 microgram/actuation breath activated inhalation, 200 actuations

15076L *Clopidogrel Tablets, USP 75 mg (Novadoz, USA), KQ* – CLOPIDOGREL, clopidogrel 75 mg tablet, 30

15081R *Clopidogrel Tablets, USP 75 mg (Aurobindo, USA), LM* – CLOPIDOGREL, clopidogrel 75 mg tablet, 30

15085Y *Clopidogrel Tablets, USP 75 mg (Aurobindo, USA), LM* – CLOPIDOGREL, clopidogrel 75 mg tablet, 30

15086B *Clopidogrel Tablets, USP 75 mg (Novadoz, USA), KQ* – CLOPIDOGREL, clopidogrel 75 mg tablet, 30

1610R *Leucovorin Calcium (Pfizer Australia Pty Ltd), PF* – FOLINIC ACID, folinic acid 50 mg/5 mL injection, 10 x 5 mL ampoules

8027L *Minitran 5, IL* – GLYCERYL TRINITRATE, glyceryl trinitrate 5 mg/24 hours patch, 30

14371J *Minitran 5, IL* – GLYCERYL TRINITRATE, glyceryl trinitrate 5 mg/24 hours patch, 30

8084L *Humalog, LY* – INSULIN LISPRO, insulin lispro 100 units/mL injection, 1 x 10 mL vial

1426C *Humulin 30/70, LY* – INSULIN NEUTRAL HUMAN + INSULIN ISOPHANE HUMAN, insulin neutral human 30 units/mL + insulin isophane human 70 units/mL injection, 10 mL vial

15109F *Ritalin LA 10 mg (Switzerland), KQ* – METHYLPHENIDATE, methylphenidate hydrochloride 10 mg modified release capsule, 30

15101T *Ritalin LA 20 mg (Switzerland), KQ* – METHYLPHENIDATE, methylphenidate hydrochloride 20 mg modified release capsule, 30

15070E *Ritalin LA 30 mg (Switzerland), KQ* – METHYLPHENIDATE, methylphenidate hydrochloride 30 mg modified release capsule, 100

15099Q *Ritalin LA 30 mg (Switzerland), KQ* – METHYLPHENIDATE, methylphenidate hydrochloride 30 mg modified release capsule, 30

15100R *Ritalin LA 40 mg (Switzerland), KQ* – METHYLPHENIDATE, methylphenidate hydrochloride 40 mg modified release capsule, 30

9031H *Daktarin Tincture, JT* – MICONAZOLE, miconazole 2% solution, 30 mL

Deletion – Brand

3094W *Keflex, AS* – CEFALEXIN, cefalexin 125 mg/5 mL powder for oral liquid, 100 mL

3319Q *Keflex, AS* – CEFALEXIN, cefalexin 125 mg/5 mL powder for oral liquid, 100 mL

1533Q *Humulin NPH, LY* – INSULIN ISOPHANE HUMAN, insulin isophane human 100 units/mL injection, 1 x 10 mL vial

1531N *Humulin R, LY* – INSULIN NEUTRAL HUMAN, insulin neutral human 100 units/mL injection, 1 x 10 mL vial

1928L *Depo-Nisolone, FZ* – METHYLPREDNISOLONE, methylprednisolone acetate 40 mg/mL modified release injection, 5 x 1 mL vials

5148Y *Depo-Nisolone, FZ* – METHYLPREDNISOLONE, methylprednisolone acetate 40 mg/mL modified release injection, 5 x 1 mL vials

3382B *OLANZAPINE ODT-WGR, WG* – OLANZAPINE, olanzapine 10 mg orally disintegrating tablet, 28

1944H *Ramipril Winthrop, WA* – RAMIPRIL, ramipril 1.25 mg tablet, 30

13582W *Ramipril Winthrop, WA* – RAMIPRIL, ramipril 1.25 mg tablet, 30

8380C *Temodal, MK* – TEMOZOLOMIDE, temozolomide 100 mg capsule, 5

8821G *Temodal, MK* – TEMOZOLOMIDE, temozolomide 100 mg capsule, 5

9361Q *Temodal, MK* – TEMOZOLOMIDE, temozolomide 140 mg capsule, 5

9362R *Temodal, MK* – TEMOZOLOMIDE, temozolomide 140 mg capsule, 5

1 September 2026

Deletion – Item

1750D *Poly Visc, IQ* – PARAFFIN, paraffin 1 g/g eye ointment, 2 x 3.5 g

5522P *Poly Visc, IQ* – PARAFFIN, paraffin 1 g/g eye ointment, 2 x 3.5 g

14493T *Poly Visc, IQ* – PARAFFIN, paraffin 1 g/g eye ointment, 2 x 3.5 g

Deletion – Brand

1884E *Amoxil, AS* – AMOXICILLIN, amoxicillin 250 mg capsule, 20

3301R *Amoxil, AS* – AMOXICILLIN, amoxicillin 250 mg capsule, 20

11998L *Amoxil, AS* – AMOXICILLIN, amoxicillin 250 mg capsule, 20

8533D *GLIMEPIRIDE-WGR, WG* – GLIMEPIRIDE, glimepiride 3 mg tablet, 30

14020X *GLIMEPIRIDE-WGR, WG* – GLIMEPIRIDE, glimepiride 3 mg tablet, 30

3385E *OLANZAPINE ODT-WGR, WG* – OLANZAPINE, olanzapine 20 mg orally disintegrating tablet, 28

8695P *Actos, GQ* – PIOGLITAZONE, pioglitazone 30 mg tablet, 28

13921Q *Actos, GQ* – PIOGLITAZONE, pioglitazone 30 mg tablet, 28

1 October 2026
Deletion – Brand
2604C *NOUMED ALLOPURINOL, VO* – ALLOPURINOL, allopurinol 300 mg tablet, 60

13575L *NOUMED ALLOPURINOL, VO* – ALLOPURINOL, allopurinol 300 mg tablet, 60

8655M *Levetiracetam Mylan, AL* – LEVETIRACETAM, levetiracetam 500 mg tablet, 60

14034P *Levetiracetam Mylan, AL* – LEVETIRACETAM, levetiracetam 500 mg tablet, 60

▪ Palliative Care

Additions

Addition – Item
15412E METHADONE, methadone hydrochloride 5 mg tablet, 20 *(METHADONE-AFT)*

▪ Highly Specialised Drugs Program (Private Hospital)

Additions

Addition – Item
15362M ROZANOLIXIZUMAB, Rozanolixizumab 280 mg/2 mL injection, 2 mL vial *(Rystiggo)*

15375F ROZANOLIXIZUMAB, Rozanolixizumab 280 mg/2 mL injection, 2 mL vial *(Rystiggo)*

15363N TEZEPELUMAB, Tezepelumab 210 mg/1.91 mL injection, 1.91 mL pen device *(Tezspire)*

15364P TEZEPELUMAB, Tezepelumab 210 mg/1.91 mL injection, 1.91 mL pen device *(Tezspire)*

Addition – Brand
11164N *Wezlana, AN* – USTEKINUMAB, ustekinumab 130 mg/26 mL injection, 26 mL vial

13255P *Wezlana, AN* – USTEKINUMAB, ustekinumab 130 mg/26 mL injection, 26 mL vial

13804M *Wezlana, AN* – USTEKINUMAB, ustekinumab 130 mg/26 mL injection, 26 mL vial

Deletions

Deletion – Item
6480C EPOETIN BETA, epoetin beta 2000 units/0.3 mL injection, 6 x 0.3 mL syringes *(NeoRecormon)*

6481D EPOETIN BETA, epoetin beta 3000 units/0.3 mL injection, 6 x 0.3 mL syringes *(NeoRecormon)*

6482E EPOETIN BETA, epoetin beta 4000 units/0.3 mL injection, 6 x 0.3 mL syringes *(NeoRecormon)*

6483F EPOETIN BETA, epoetin beta 5000 units/0.3 mL injection, 6 x 0.3 mL syringes *(NeoRecormon)*

6484G EPOETIN BETA, epoetin beta 6000 units/0.3 mL injection, 6 x 0.3 mL syringes *(NeoRecormon)*

6485H EPOETIN BETA, epoetin beta 10 000 units/0.6 mL injection, 6 x 0.6 mL syringes *(NeoRecormon)*

14213C OCTREOTIDE, octreotide 50 microgram/mL injection, 5 x 1 mL vials *(Octreotide Acetate Omega (Canada))*

14177E OCTREOTIDE, octreotide 100 microgram/mL injection, 5 x 1 mL vials *(Octreotide Acetate Omega (Canada))*

14201K OCTREOTIDE, octreotide 500 microgram/mL injection, 5 x 1 mL vials *(Octreotide Acetate Omega (Canada))*

Deletion – Brand
6100C *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

6138C *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

12784W *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13033Y *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13038F *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13039G *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13040H *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

6100C *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

6138C *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

12784W *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13033Y *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13038F *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13039G *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13040H *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

Deletion – Note

6227R OCTREOTIDE, octreotide 50 microgram/mL injection, 5 x 1 mL ampoules *(Octreotide GH, Octreotide (SUN), Sandostatin 0.05)*

6228T OCTREOTIDE, octreotide 100 microgram/mL injection, 5 x 1 mL ampoules *(Octreotide GH, Octreotide (SUN), Sandostatin 0.1)*

6229W OCTREOTIDE, octreotide 500 microgram/mL injection, 5 x 1 mL ampoules *(Octreotide GH, Octreotide (SUN), Sandostatin 0.5)*

Alterations

Alteration – Note

11996J BENRALIZUMAB, benralizumab 30 mg/mL injection, 1 mL pen device *(Fasenra Pen)*

11997K BENRALIZUMAB, benralizumab 30 mg/mL injection, 1 mL pen device *(Fasenra Pen)*

11999M BENRALIZUMAB, benralizumab 30 mg/mL injection, 1 mL pen device *(Fasenra Pen)*

12313C DUPILUMAB, dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes *(Dupixent)*

12316F DUPILUMAB, dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes *(Dupixent)*

12294C DUPILUMAB, dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes *(Dupixent)*

12310X DUPILUMAB, dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes *(Dupixent)*

9613Y INFLIXIMAB, infliximab 100 mg injection, 1 vial *(Inflectra, Ixifi, Remicade, Remsima, Renflexis)*

11396T INFLIXIMAB, infliximab 100 mg injection, 1 vial *(Inflectra, Ixifi, Remsima, Renflexis)*

12043W MEPOLIZUMAB, mepolizumab 100 mg/mL injection, 1 mL pen device *(Nucala)*

12051G MEPOLIZUMAB, mepolizumab 100 mg/mL injection, 1 mL pen device *(Nucala)*

12052H MEPOLIZUMAB, mepolizumab 100 mg/mL injection, 1 mL pen device *(Nucala)*

10110D OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Omlyclo, Xolair)*

11826K OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Omlyclo, Xolair)*

11840E OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Omlyclo, Xolair)*

14904K OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL pen device *(Xolair)*

14919F OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Omlyclo)*

14921H OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL pen device *(Xolair)*

14939G OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL pen device *(Xolair)*

10122R OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL syringe *(Omlyclo)*

11825J OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL syringe *(Omlyclo)*

11864K OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL syringe *(Omlyclo)*

14883H OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL pen device *(Xolair)*

14923K OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL pen device *(Xolair)*

14927P OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL syringe *(Omlyclo)*

14928Q OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL pen device *(Xolair)*

14912W OMALIZUMAB, omalizumab 300 mg/2 mL injection, 2 mL pen device *(Xolair)*

14951X OMALIZUMAB, omalizumab 300 mg/2 mL injection, 2 mL pen device *(Xolair)*

14953B OMALIZUMAB, omalizumab 300 mg/2 mL injection, 2 mL pen device *(Xolair)*

15234T RAVULIZUMAB, ravulizumab 300 mg/3 mL injection, 3 mL vial *(Ultomiris)*

15235W RAVULIZUMAB, ravulizumab 300 mg/3 mL injection, 3 mL vial *(Ultomiris)*

15263H RAVULIZUMAB, ravulizumab 300 mg/3 mL injection, 3 mL vial *(Ultomiris)*

15254W RAVULIZUMAB, ravulizumab 1.1 g/11 mL injection, 11 mL vial *(Ultomiris)*

15259D RAVULIZUMAB, ravulizumab 1.1 g/11 mL injection, 11 mL vial *(Ultomiris)*

15264J RAVULIZUMAB, ravulizumab 1.1 g/11 mL injection, 11 mL vial *(Ultomiris)*

11164N USTEKINUMAB, ustekinumab 130 mg/26 mL injection, 26 mL vial *(Stelara, Steqeyma, Wezlana)*

10415E VEDOLIZUMAB, vedolizumab 300 mg injection, 1 vial *(Entyvio)*

14614E VEDOLIZUMAB, vedolizumab 300 mg injection, 1 vial *(Entyvio)*

15285L ZILUCOPLAN, Zilucoplan 16.6 mg/0.416 mL injection, 28 x 0.416 mL syringes *(Zilbrysq)*

15302J ZILUCOPLAN, Zilucoplan 16.6 mg/0.416 mL injection, 28 x 0.416 mL syringes *(Zilbrysq)*

15304L ZILUCOPLAN, Zilucoplan 23 mg/0.574 mL injection, 28 x 0.574 mL syringes *(Zilbrysq)*

15315C ZILUCOPLAN, Zilucoplan 23 mg/0.574 mL injection, 28 x 0.574 mL syringes *(Zilbrysq)*

15284K ZILUCOPLAN, Zilucoplan 32.4 mg/0.81 mL injection, 28 x 0.81 mL syringes *(Zilbrysq)*

15294Y ZILUCOPLAN, Zilucoplan 32.4 mg/0.81 mL injection, 28 x 0.81 mL syringes *(Zilbrysq)*

Alteration – Restriction

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

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

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

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

11997K BENRALIZUMAB, benralizumab 30 mg/mL injection, 1 mL pen device *(Fasenra Pen)*

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

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

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

6430K BOSENTAN, bosentan 125 mg tablet, 60 *(Bosentan APO, BOSENTAN DR.REDDY'S, Bosentan GH, Bosentan RBX, Bosentan Viatris)*

12146G BOSENTAN, bosentan 125 mg tablet, 60 *(Bosentan APO, BOSENTAN DR.REDDY'S, Bosentan GH, Bosentan RBX, Bosentan Viatris)*

12313C DUPILUMAB, dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes *(Dupixent)*

12310X DUPILUMAB, dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes *(Dupixent)*

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

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

6456T ILOPROST, iloprost 20 microgram/2 mL inhalation solution, 30 x 2 mL ampoules *(Ventavis)*

9613Y INFLIXIMAB, infliximab 100 mg injection, 1 vial *(Inflectra, Ixifi, Remicade, Remsima, Renflexis)*

11396T INFLIXIMAB, infliximab 100 mg injection, 1 vial *(Inflectra, Ixifi, Remsima, Renflexis)*

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

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

12051G MEPOLIZUMAB, mepolizumab 100 mg/mL injection, 1 mL pen device *(Nucala)*

10110D OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Omlyclo, Xolair)*

14904K OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL pen device *(Xolair)*

10122R OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL syringe *(Omlyclo)*

14923K OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL pen device *(Xolair)*

14953B OMALIZUMAB, omalizumab 300 mg/2 mL injection, 2 mL pen device *(Xolair)*

9605M SILDENAFIL, sildenafil 20 mg tablet, 90 *(SILDATIO PHT, Sildenafil PHT APOTEX, SILDENAFIL PHT ARX, Sildenafil Sandoz PHT 20)*

12138W SILDENAFIL, sildenafil 20 mg tablet, 90 *(SILDATIO PHT, Sildenafil PHT APOTEX, SILDENAFIL PHT ARX, Sildenafil Sandoz PHT 20)*

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

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

14229X TADALAFIL, tadalafil 20 mg tablet, 60 *(Tadalis 20)*

14240L TADALAFIL, tadalafil 20 mg tablet, 60 *(Tadalis 20)*

11164N USTEKINUMAB, ustekinumab 130 mg/26 mL injection, 26 mL vial *(Stelara, Steqeyma, Wezlana)*

10415E VEDOLIZUMAB, vedolizumab 300 mg injection, 1 vial *(Entyvio)*

14614E VEDOLIZUMAB, vedolizumab 300 mg injection, 1 vial *(Entyvio)*

Supply Only

Supply Only – Period Commencing

11399Y INFLIXIMAB, infliximab 100 mg injection, 1 vial *(Inflectra, Ixifi, Remicade, Remsima, Renflexis)*

Supply Only – Period Ending

14804E EDARAVONE, edaravone 30 mg/20 mL injection, 10 x 20 mL ampoules *(Radicava)*

Advance Notices

1 August 2026

Deletion – Item

14296K *Onpattro, WM* – PATISIRAN, patisiran 10 mg/5 mL injection, 5 mL vial

Deletion – Brand

9648T *Cipla Ambrisentan, ZU* – AMBRISENTAN, ambrisentan 5 mg tablet, 30

12201E *Cipla Ambrisentan, ZU* – AMBRISENTAN, ambrisentan 5 mg tablet, 30

6499C *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 125 mg dispersible tablet, 28

11236J *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 125 mg dispersible tablet, 28

11241P *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 125 mg dispersible tablet, 28

6500D *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 250 mg dispersible tablet, 28

11238L *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 250 mg dispersible tablet, 28

11244T *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 250 mg dispersible tablet, 28

▪ Highly Specialised Drugs Program (Public Hospital)

Additions

Addition – Item

15391C ROZANOLIXIZUMAB, Rozanolixizumab 280 mg/2 mL injection, 2 mL vial *(Rystiggo)*

15398K ROZANOLIXIZUMAB, Rozanolixizumab 280 mg/2 mL injection, 2 mL vial *(Rystiggo)*

15403Q TEZEPELUMAB, Tezepelumab 210 mg/1.91 mL injection, 1.91 mL pen device *(Tezspire)*

15413F TEZEPELUMAB, Tezepelumab 210 mg/1.91 mL injection, 1.91 mL pen device *(Tezspire)*

Addition – Brand

11182M *Wezlana, AN* – USTEKINUMAB, ustekinumab 130 mg/26 mL injection, 26 mL vial

13272M *Wezlana, AN* – USTEKINUMAB, ustekinumab 130 mg/26 mL injection, 26 mL vial

13781H *Wezlana, AN* – USTEKINUMAB, ustekinumab 130 mg/26 mL injection, 26 mL vial

Deletions

Deletion – Item

5724G EPOETIN BETA, epoetin beta 2000 units/0.3 mL injection, 6 x 0.3 mL syringes *(NeoRecormon)*

5725H EPOETIN BETA, epoetin beta 3000 units/0.3 mL injection, 6 x 0.3 mL syringes *(NeoRecormon)*

5726J EPOETIN BETA, epoetin beta 4000 units/0.3 mL injection, 6 x 0.3 mL syringes *(NeoRecormon)*

5727K EPOETIN BETA, epoetin beta 5000 units/0.3 mL injection, 6 x 0.3 mL syringes *(NeoRecormon)*

5728L EPOETIN BETA, epoetin beta 6000 units/0.3 mL injection, 6 x 0.3 mL syringes *(NeoRecormon)*

5729M EPOETIN BETA, epoetin beta 10 000 units/0.6 mL injection, 6 x 0.6 mL syringes *(NeoRecormon)*

14178F OCTREOTIDE, octreotide 50 microgram/mL injection, 5 x 1 mL vials *(Octreotide Acetate Omega (Canada))*

14219J OCTREOTIDE, octreotide 100 microgram/mL injection, 5 x 1 mL vials *(Octreotide Acetate Omega (Canada))*

14218H OCTREOTIDE, octreotide 500 microgram/mL injection, 5 x 1 mL vials *(Octreotide Acetate Omega (Canada))*

Deletion – Brand

9597D *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

9598E *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

12771E *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13028Q *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13036D *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13042K *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13044M *AZACITIDINE EUGIA, YG* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

9597D *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

9598E *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

12771E *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13028Q *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13036D *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13042K *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

13044M *Azacitidine Sandoz, SZ* – AZACITIDINE, azacitidine 100 mg injection, 1 vial

Deletion – Note

9508K OCTREOTIDE, octreotide 50 microgram/mL injection, 5 x 1 mL ampoules *(Octreotide GH, Octreotide (SUN), Sandostatin 0.05)*

9509L OCTREOTIDE, octreotide 100 microgram/mL injection, 5 x 1 mL ampoules *(Octreotide GH, Octreotide (SUN), Sandostatin 0.1)*

9510M OCTREOTIDE, octreotide 500 microgram/mL injection, 5 x 1 mL ampoules *(Octreotide GH, Octreotide (SUN), Sandostatin 0.5)*

Alterations

Alteration – Note

11994G BENRALIZUMAB, benralizumab 30 mg/mL injection, 1 mL pen device *(Fasenra Pen)*

11995H BENRALIZUMAB, benralizumab 30 mg/mL injection, 1 mL pen device *(Fasenra Pen)*

12000N BENRALIZUMAB, benralizumab 30 mg/mL injection, 1 mL pen device *(Fasenra Pen)*

12309W DUPILUMAB, dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes *(Dupixent)*

12318H DUPILUMAB, dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes *(Dupixent)*

12293B DUPILUMAB, dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes *(Dupixent)*

12302L DUPILUMAB, dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes *(Dupixent)*

5754W INFLIXIMAB, infliximab 100 mg injection, 1 vial *(Inflectra, Ixifi, Remicade, Remsima, Renflexis)*

11400B INFLIXIMAB, infliximab 100 mg injection, 1 vial *(Inflectra, Ixifi, Remsima, Renflexis)*

12007Y MEPOLIZUMAB, mepolizumab 100 mg/mL injection, 1 mL pen device *(Nucala)*

12021Q MEPOLIZUMAB, mepolizumab 100 mg/mL injection, 1 mL pen device *(Nucala)*

12064Y MEPOLIZUMAB, mepolizumab 100 mg/mL injection, 1 mL pen device *(Nucala)*

10118M OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Omlyclo, Xolair)*

11835X OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Omlyclo, Xolair)*

11846L OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Omlyclo, Xolair)*

14905L OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL pen device *(Xolair)*

14947Q OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Omlyclo)*

14949T OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL pen device *(Xolair)*

14950W OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL pen device *(Xolair)*

10109C OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL syringe *(Omlyclo)*

11824H OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL syringe *(Omlyclo)*

11828M OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL syringe *(Omlyclo)*

14884J OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL pen device *(Xolair)*

14922J OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL pen device *(Xolair)*

14929R OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL pen device *(Xolair)*

14948R OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL syringe *(Omlyclo)*

14885K OMALIZUMAB, omalizumab 300 mg/2 mL injection, 2 mL pen device *(Xolair)*

14906M OMALIZUMAB, omalizumab 300 mg/2 mL injection, 2 mL pen device *(Xolair)*

14952Y OMALIZUMAB, omalizumab 300 mg/2 mL injection, 2 mL pen device *(Xolair)*

15244H RAVULIZUMAB, ravulizumab 300 mg/3 mL injection, 3 mL vial *(Ultomiris)*

15245J RAVULIZUMAB, ravulizumab 300 mg/3 mL injection, 3 mL vial *(Ultomiris)*

15255X RAVULIZUMAB, ravulizumab 300 mg/3 mL injection, 3 mL vial *(Ultomiris)*

15225H RAVULIZUMAB, ravulizumab 1.1 g/11 mL injection, 11 mL vial *(Ultomiris)*

15246K RAVULIZUMAB, ravulizumab 1.1 g/11 mL injection, 11 mL vial *(Ultomiris)*

15258C RAVULIZUMAB, ravulizumab 1.1 g/11 mL injection, 11 mL vial *(Ultomiris)*

11182M USTEKINUMAB, ustekinumab 130 mg/26 mL injection, 26 mL vial *(Stelara, Steqeyma, Wezlana)*

10390W VEDOLIZUMAB, vedolizumab 300 mg injection, 1 vial *(Entyvio)*

14630B VEDOLIZUMAB, vedolizumab 300 mg injection, 1 vial *(Entyvio)*

15276B ZILUCOPLAN, Zilucoplan 16.6 mg/0.416 mL injection, 28 x 0.416 mL syringes *(Zilbrysq)*

15316D ZILUCOPLAN, Zilucoplan 16.6 mg/0.416 mL injection, 28 x 0.416 mL syringes *(Zilbrysq)*

15286M ZILUCOPLAN, Zilucoplan 23 mg/0.574 mL injection, 28 x 0.574 mL syringes *(Zilbrysq)*

15303K ZILUCOPLAN, Zilucoplan 23 mg/0.574 mL injection, 28 x 0.574 mL syringes *(Zilbrysq)*

15287N ZILUCOPLAN, Zilucoplan 32.4 mg/0.81 mL injection, 28 x 0.81 mL syringes *(Zilbrysq)*

15325N ZILUCOPLAN, Zilucoplan 32.4 mg/0.81 mL injection, 28 x 0.81 mL syringes *(Zilbrysq)*

Alteration – Restriction

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

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

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

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

11994G BENRALIZUMAB, benralizumab 30 mg/mL injection, 1 mL pen device *(Fasenra Pen)*

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

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

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

5619R BOSENTAN, bosentan 125 mg tablet, 60 *(Bosentan APO, BOSENTAN DR.REDDY'S, Bosentan GH, Bosentan RBX, Bosentan Viatris)*

12149K BOSENTAN, bosentan 125 mg tablet, 60 *(Bosentan APO, BOSENTAN DR.REDDY'S, Bosentan GH, Bosentan RBX, Bosentan Viatris)*

12309W DUPILUMAB, dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes *(Dupixent)*

12293B DUPILUMAB, dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes *(Dupixent)*

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

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

5751Q ILOPROST, iloprost 20 microgram/2 mL inhalation solution, 30 x 2 mL ampoules *(Ventavis)*

5754W INFLIXIMAB, infliximab 100 mg injection, 1 vial *(Inflectra, Ixifi, Remicade, Remsima, Renflexis)*

11400B INFLIXIMAB, infliximab 100 mg injection, 1 vial *(Inflectra, Ixifi, Remsima, Renflexis)*

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

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

12007Y MEPOLIZUMAB, mepolizumab 100 mg/mL injection, 1 mL pen device *(Nucala)*

10118M OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe *(Omlyclo, Xolair)*

14949T OMALIZUMAB, omalizumab 75 mg/0.5 mL injection, 0.5 mL pen device *(Xolair)*

10109C OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL syringe *(Omlyclo)*

14884J OMALIZUMAB, omalizumab 150 mg/mL injection, 1 mL pen device *(Xolair)*

14885K OMALIZUMAB, omalizumab 300 mg/2 mL injection, 2 mL pen device *(Xolair)*

9547L SILDENAFIL, sildenafil 20 mg tablet, 90 *(SILDATIO PHT, Sildenafil PHT APOTEX, SILDENAFIL PHT ARX, Sildenafil Sandoz PHT 20)*

12144E SILDENAFIL, sildenafil 20 mg tablet, 90 *(SILDATIO PHT, Sildenafil PHT APOTEX, SILDENAFIL PHT ARX, Sildenafil Sandoz PHT 20)*

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

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

14271D TADALAFIL, tadalafil 20 mg tablet, 60 *(Tadalis 20)*

14281P TADALAFIL, tadalafil 20 mg tablet, 60 *(Tadalis 20)*

11182M USTEKINUMAB, ustekinumab 130 mg/26 mL injection, 26 mL vial *(Stelara, Steqeyma, Wezlana)*

10390W VEDOLIZUMAB, vedolizumab 300 mg injection, 1 vial *(Entyvio)*

14630B VEDOLIZUMAB, vedolizumab 300 mg injection, 1 vial *(Entyvio)*

Supply Only

Supply Only – Period Commencing

11389K INFLIXIMAB, infliximab 100 mg injection, 1 vial *(Inflectra, Ixifi, Remicade, Remsima, Renflexis)*

Supply Only – Period Ending

14805F EDARAVONE, edaravone 30 mg/20 mL injection, 10 x 20 mL ampoules *(Radicava)*

Advance Notices

1 August 2026

Deletion – Item

14264R *Onpattro, WM* – PATISIRAN, patisiran 10 mg/5 mL injection, 5 mL vial

Deletion – Brand

5607D *Cipla Ambrisentan, ZU* – AMBRISENTAN, ambrisentan 5 mg tablet, 30

12212R *Cipla Ambrisentan, ZU* – AMBRISENTAN, ambrisentan 5 mg tablet, 30

5654N *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 125 mg dispersible tablet, 28

11235H *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 125 mg dispersible tablet, 28

11247Y *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 125 mg dispersible tablet, 28

5655P *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 250 mg dispersible tablet, 28

11239M *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 250 mg dispersible tablet, 28

11240N *Pharmacor Deferasirox, CR* – DEFERASIROX, deferasirox 250 mg dispersible tablet, 28

▪ Highly Specialised Drugs Program (Community Access)

Supply Only

Supply Only – Period Ending

10349Q ATAZANAVIR, atazanavir 200 mg capsule, 60 *(Reyataz)*

10321F ATAZANAVIR, atazanavir 300 mg capsule, 30 *(Reyataz)*

Advance Notices

1 September 2026

Deletion – Brand

10311Q *Lamivudine Alphapharm, AF* – LAMIVUDINE, lamivudine 300 mg tablet, 30

▪ Botulinum Toxin Program

Alterations

Alteration – Restriction

11016T BOTULINUM TOXIN TYPE A, botulinum toxin type A 100 units injection, 1 vial *(Botox)*

▪ Growth Hormone Program

Additions

Addition – Item

15384Q SOMAPACITAN, somapacitan 10 mg/1.5 mL injection, 1.5 mL pen device *(Sogroya)*

15385R SOMAPACITAN, somapacitan 10 mg/1.5 mL injection, 1.5 mL pen device *(Sogroya)*

15367T SOMAPACITAN, somapacitan 15 mg/1.5 mL injection, 1.5 mL pen device *(Sogroya)*

15374E SOMAPACITAN, somapacitan 15 mg/1.5 mL injection, 1.5 mL pen device *(Sogroya)*

15394F SOMATROPIN, somatropin 15 mg/1.5 mL injection, 1.5 mL cartridge *(SciTropin A)*

15399L SOMATROPIN, somatropin 15 mg/1.5 mL injection, 1.5 mL cartridge *(SciTropin A)*

15417K SOMATROPIN, somatropin 15 mg/1.5 mL injection, 1.5 mL cartridge *(SciTropin A)*

Alterations

Alteration – Note

13119L SOMATROGON, somatrogon 24 mg/1.2 mL injection, 1.2 mL pen device *(Ngenla)*

13130C SOMATROGON, somatrogon 24 mg/1.2 mL injection, 1.2 mL pen device *(Ngenla)*

13120M SOMATROGON, somatrogon 60 mg/1.2 mL injection, 1.2 mL pen device *(Ngenla)*

13125T SOMATROGON, somatrogon 60 mg/1.2 mL injection, 1.2 mL pen device *(Ngenla)*

Alteration – Restriction

11493X SOMATROPIN, somatropin 5 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber pen device *(Genotropin GoQuick)*

11895C SOMATROPIN, somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge *(Norditropin FlexPro)*

13712Q SOMATROPIN, somatropin 6 mg/1.03 mL injection, 1.03 mL cartridge *(Saizen)*

11495B SOMATROPIN, somatropin 12 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber pen device *(Genotropin GoQuick)*

13709M SOMATROPIN, somatropin 12 mg/1.5 mL injection, 1.5 mL cartridge *(Saizen)*

▪ Repatriation Pharmaceutical Benefits

Additions

Addition – Item

15409B DRESSING HYDROFIBRE WITH SILVER, dressing hydrofibre with silver 2 cm x 45 cm ribbon, 5 *(Aquacel Ag+ Ribbon 413571)*

15373D DRESSING HYDROFIBRE WITH SILVER, dressing hydrofibre with silver 10 cm x 10 cm dressing, 10 *(Aquacel Ag+ Extra 413567)*

15396H DRESSING HYDROFIBRE WITH SILVER, dressing hydrofibre with silver 15 cm x 15 cm dressing, 5 *(Aquacel Ag+ Extra 413568)*

15372C MAGNESIUM, Magnesium 37.4 mg tablet, 120 *(A-WON Magnesium)*

15408Y PANTHENOL, panthenol conditioner, 250 g *(SebiRinse)*

Addition – Brand

4082W *A-WON Calcium 600, WN* – CALCIUM, calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

4142B *A-WON Calcium 600, WN* – CALCIUM, calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

14174B *A-WON Calcium 600, WN* – CALCIUM, calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

14175C *A-WON Calcium 600, WN* – CALCIUM, calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

4046Y *Dofidaz, JM* – DICLOFENAC, diclofenac sodium 3% gel, 25 g

10102Q *Dutasteride/Tamsulosin Lupin 500/400, GQ* – DUTASTERIDE + TAMSULOSIN, dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

14184M *Dutasteride/Tamsulosin Lupin 500/400, GQ* – DUTASTERIDE + TAMSULOSIN, dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

10102Q *Dutasteride/Tamsulosin Sandoz 500/400, SZ* – DUTASTERIDE + TAMSULOSIN, dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

14184M *Dutasteride/Tamsulosin Sandoz 500/400, SZ* – DUTASTERIDE + TAMSULOSIN, dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

4222F *MAYNE PHARMA 5FU, SZ* – FLUOROURACIL, fluorouracil 5% cream, 20 g

4591P *GAPENTIN, RF* – GABAPENTIN, gabapentin 100 mg capsule, 100

4592Q *GAPENTIN, RF* – GABAPENTIN, gabapentin 300 mg capsule, 100

4593R *GAPENTIN, RF* – GABAPENTIN, gabapentin 400 mg capsule, 100

4594T *GAPENTIN, RF* – GABAPENTIN, gabapentin 600 mg tablet, 100

10592L *A-WON DIARRHOEA RELIEF CAPSULES, WN* – LOPERAMIDE, loperamide hydrochloride 2 mg capsule, 12

11135C *A-WON DIARRHOEA RELIEF CAPSULES, WN* – LOPERAMIDE, loperamide hydrochloride 2 mg capsule, 20

10598T *Chemists' Own Osteo Relief Paracetamol, RF* – PARACETAMOL, paracetamol 665 mg modified release tablet, 96

4596X *Tadalafil Sandoz Pharma, HX* – TADALAFIL, tadalafil 10 mg tablet, 4

4597Y *Tadalafil Sandoz Pharma, HX* – TADALAFIL, tadalafil 20 mg tablet, 4

13307J *Zopiclone GH, GQ* – ZOPICLONE, zopiclone 7.5 mg tablet, 14

Addition – Equivalence Indicator

4046Y *Solaraze 3% Gel, YN* – DICLOFENAC, diclofenac sodium 3% gel, 25 g

10102Q *Duodart 500ug/400ug, GK* – DUTASTERIDE + TAMSULOSIN, dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

14184M *Duodart 500ug/400ug, GK* – DUTASTERIDE + TAMSULOSIN, dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

10592L *Gastrex, CR* – LOPERAMIDE, loperamide hydrochloride 2 mg capsule, 12

Deletions

Deletion – Item

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

10097K DRESSING HYDROFIBRE WITH SILVER, dressing hydrofibre with silver 10 cm x 10 cm dressing, 10 *(Aquacel Ag 403708)*

10098L DRESSING HYDROFIBRE WITH SILVER, dressing hydrofibre with silver 15 cm x 15 cm dressing, 5 *(Aquacel Ag 403710)*

Deletion – Brand

10598T *Pharmacy Action OSTEO Relief 665, HQ* – PARACETAMOL, paracetamol 665 mg modified release tablet, 96

4522B *Imovane, SW* – ZOPICLONE, zopiclone 7.5 mg tablet, 30

4522B *Zopiclone GH, GQ* – ZOPICLONE, zopiclone 7.5 mg tablet, 30

About the Schedule

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

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

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

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

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

Symbols and Abbreviations Used in the Schedule

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

Restricted Benefits

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

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

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

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

Guidelines and General Statements

General Statement for Drugs for the Treatment of Hepatitis C

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

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

Treatment criteria:

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

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

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

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

a) evidence of chronic hepatitis C infection:

- antibody to hepatitis C virus (anti-HCV) positive; and
- repeated hepatitis C virus ribonucleic acid (HCV RNA) positive; and

b) evidence of the hepatitis C virus genotype (where possible)

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

HEPATITIS C - NON-CIRRHOTIC PATIENTS

	TREATMENT NAÏVE	TREATMENT EXPERIENCED
All genotypes (Pan-genotypic regimens)	**SOFOSBUVIR** + **VELPATASVIR** [12 weeks] OR **GLECAPREVIR** + **PIBRENTASVIR** [8 weeks]	**SOFOSBUVIR** + **VELPATASVIR** [12 weeks] OR **SOFOSBUVIR** + **VELPATASVIR** + **VOXILAPREVIR** [12 weeks] [1] OR **GLECAPREVIR** + **PIBRENTASVIR** [8 or 12 or 16 weeks] [2]

HEPATITIS C – CIRRHOTIC PATIENTS

	TREATMENT NAÏVE	TREATMENT EXPERIENCED
All genotypes (Pan-genotypic regimens)	**SOFOSBUVIR** + **VELPATASVIR** [12 weeks] [3, 4] OR **GLECAPREVIR + PIBRENTASVIR** [8 weeks] [5]	**SOFOSBUVIR** + **VELPATASVIR** [12 weeks] [3, 4] OR **SOFOSBUVIR** + **VELPATASVIR** + **VOXILAPREVIR** [12 weeks] [1] OR **GLECAPREVIR + PIBRENTASVIR** [12 or 16 weeks] [6]

1. SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR [12 weeks] only for patients who have failed an NS5A inhibitor.
2. GLECAPREVIR + PIBRENTASVIR [8 or 12 or 16 weeks] for non-cirrhotic patients:

- treatment for 8 weeks for treatment-experienced patients with genotypes 1, 2, 4, 5 or 6 who have failed regimens containing peginterferon, ribavirin, and/or sofosbuvir but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor;
- treatment for 16 weeks for treatment-experienced patients with genotype 3 who have failed regimens containing peginterferon, ribavirin, and/or sofosbuvir but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor;
- treatment for 12 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS3/4A PI;
- treatment for 16 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS5A inhibitor.

[3.] SOFOSBUVIR + VELPATASVIR [12 weeks] for patients with decompensated cirrhosis. Use in combination with ribavirin.

[4.] SOFOSBUVIR + VELPATASVIR [12 weeks] for patients with genotype 3 infection with compensated cirrhosis. Consider addition of ribavirin.

[5.] GLECAPREVIR + PIBRENTASVIR – A treatment duration of 12 weeks may be considered for patients with compensated cirrhosis, at the discretion of the prescriber.

[6.] GLECAPREVIR + PIBRENTASVIR [12 or 16 weeks] for cirrhotic patients:

- treatment for 12 weeks for treatment-experienced patients with genotypes 1, 2, 4, 5 or 6 who have failed regimens containing peginterferon, ribavirin, and/or sofosbuvir but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor;
- treatment for 16 weeks for treatment-experienced patients with genotype 3 who have failed regimens containing peginterferon, ribavirin, and/or sofosbuvir but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor;
- treatment for 12 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS3/4A PI;
- treatment for 16 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS5A inhibitor.

Pharmaceutical Benefits Schedules

Prescriber Bag

▪ ADRENALINE (EPINEPHRINE)

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3451P NP MW	1	21.78	Link Medical Products Pty Ltd [LM]

▪ ATROPINE SULFATE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3453R NP	1	29.87	Atropine Injection (Bridgewest) [WZ]

▪ BENZATHINE BENZYLPENICILLIN

benzathine benzylpenicillin 1.2 million units powder for injection [1 vial] (&) inert substance diluent [4 mL ampoule], 1 pack

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
15053G NP MW	10	*490.44	[a] Lentocilin S 1200 (Portugal) [NG]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
11755Q NP MW	1	327.06	[a] Bicillin L-A [PF]

OR

benzathine benzylpenicillin 1.2 million units powder for injection, 1 vial

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
15406W NP MW	10	*490.44	[a] Benzylpenicillin benzathine (Brancaster Pharma, UK) [QY]

▪ BENZATROPINE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
11265X NP	1	116.21	Benzatropine Injection [FF]

▪ BENZYLPENICILLIN

benzylpenicillin 600 mg injection, 1 vial

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3486L NP MW	5	*43.14	BenPen [SZ]

▪ BENZYLPENICILLIN

benzylpenicillin 3 g injection, 1 vial

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3487M NP MW	1	23.65	BenPen [SZ]

▪ CEFTRIAXONE

ceftriaxone 2 g injection, 5 vials

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
15179X NP	1	27.76	Ceftriaxone Viatris [AL]

OR

ceftriaxone 2 g injection, 10 vials

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
15171L NP	0.5	*33.02	Ceftriaxone Viatris [AL]

▪ CHLORPROMAZINE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3455W NP	1	34.72	Largactil [IX]

OR

▪ HALOPERIDOL

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
3456X NP	1	25.23	[a] HALOPERIDOL MEDSURGE [DZ]	[a] Serenace [AS]

▪ CLONAZEPAM

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3478C NP	‡1	18.10	Rivotril [PB]

▪ DIPHTHERIA + TETANUS VACCINE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3463G NP	2	*174.36	ADT Booster [CS]

▪ FUROSEMIDE

furosemide 20 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3466K NP	1	17.47	Lasix [SW]

▪ FUROSEMIDE

furosemide 20 mg tablet, 50

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
12222G NP	1	17.10	[a] Frusemix-M [TY]	[a] UREMIDE 20 [AF]

▪ GLUCAGON HYDROCHLORIDE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3467L NP	1	50.88	GlucaGen Hypokit [NO]

▪ GLYCERYL TRINITRATE

glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3475X NP	‡1	26.62	Nitrolingual Pumpspray [SW]

▪ HYDROCORTISONE SODIUM SUCCINATE

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

3470P NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
2	*25.02	Solu-Cortef [PF]

OR

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

3471Q NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	23.66	Solu-Cortef [PF]

▪ HYOSCINE BUTYLBROMIDE

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

3473T NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	21.21	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE-AFT [AE]
		[a] HYOSCINE BUTYLBROMIDE MEDSURGE [DZ]	[a] HYOSCINE BUTYLBROMIDE SXP [XN]

▪ LIDOCAINE

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

10209H NP MW

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	50.68	LIGNOCAINE INJECTION (BRIDGEWEST) [WZ]

▪ METHOXYFLURANE

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

3489P NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	66.51	Penthrox (Combination Pack) [DV]

▪ METOCLOPRAMIDE

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

3476Y NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	21.77	[a] Metoclopramide HCl Medsurge [DZ]	[a] METOCLOPRAMIDE INJECTION BP [WZ]

OR

▪ PROCHLORPERAZINE

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

3477B NP MW

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	30.69	Stemetil [IX]

▪ MIDAZOLAM

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

10178Q NP

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	39.96	Pfizer Australia Pty Ltd [PF]

▪ MORPHINE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10862Q NP	1	24.18	Morphine Juno [JU]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10868B NP	1	26.23	Morphine Juno [JU]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3479D NP	1	27.58	MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3480E NP	1	29.61	MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

▪ NALOXONE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
11233F NP MW	1	48.19	NARCAN [FF]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
10786Q NP MW	2	*48.20	[a] Naloxone Hydrochloride (DBL) [PF] [a] NALOXONE SXP [XN]	[a] Naloxone Juno [JU]

▪ PHYTOMENADIONE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10213M NP	1	26.17	Konakion MM [PB]

▪ SALBUTAMOL

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3497C NP	‡1	19.59	Salbutamol Cipla [LR]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
11088N NP	‡1	19.26	Ventolin Nebules [GK]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
15347R NP	‡1	66.32	Salbutamol (as sulfate) (Accord, UK) [OJ]

▪ SALBUTAMOL

salbutamol 100 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
12108G NP	‡1	20.02	[a] Zempreon CFC-Free with dose counter [AL]
		20.46	[a] Asmol CFC-Free with dose counter [AF]
		22.92	[a] Ventolin CFC-Free with dose counter [GK]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
11125M NP	‡1	19.14	Ventolin Nebules [GK]

▪ TRAMADOL

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
3484J NP	1	17.75	[a] Tramadol AN [JU]	[a] Tramadol Sandoz [SZ]
			[a] Tramal 100 [CS]	

General Pharmaceutical Benefits

ALIMENTARY TRACT AND METABOLISM 39
STOMATOLOGICAL PREPARATIONS 39
STOMATOLOGICAL PREPARATIONS 39
DRUGS FOR ACID RELATED DISORDERS 39
DRUGS FOR PEPTIC ULCER AND GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD) 39
DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS 65
BELLADONNA AND DERIVATIVES, PLAIN 65
PROPULSIVES 66
ANTIEMETICS AND ANTINAUSEANTS 66
ANTIEMETICS AND ANTINAUSEANTS 66
BILE AND LIVER THERAPY 71
BILE THERAPY 71
DRUGS FOR CONSTIPATION 83
DRUGS FOR CONSTIPATION 83
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS 89
INTESTINAL ANTIINFECTIVES 89
ELECTROLYTES WITH CARBOHYDRATES 90
ANTIPROPULSIVES 90
INTESTINAL ANTIINFLAMMATORY AGENTS 91
DIGESTIVES, INCL. ENZYMES 100
DIGESTIVES, INCL. ENZYMES 100
DRUGS USED IN DIABETES 100
INSULINS AND ANALOGUES 100
BLOOD GLUCOSE LOWERING DRUGS, EXCL. INSULINS 103
VITAMINS 133
VITAMIN A AND D, INCL. COMBINATIONS OF THE TWO 133
VITAMIN B1, PLAIN AND IN COMBINATION WITH VITAMIN B6 AND B12 134
MINERAL SUPPLEMENTS 135
CALCIUM 135
POTASSIUM 135
OTHER MINERAL SUPPLEMENTS 136
OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS 136
OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS 136

BLOOD AND BLOOD FORMING ORGANS 145
ANTITHROMBOTIC AGENTS 145

ANTITHROMBOTIC AGENTS ... 145
ANTIHEMORRHAGICS ... 160
ANTIFIBRINOLYTICS ... 160
ANTIANEMIC PREPARATIONS ... 160
IRON PREPARATIONS ... 160
VITAMIN B12 AND FOLIC ACID ... 161
BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS ... 162
BLOOD AND RELATED PRODUCTS ... 162
OTHER HEMATOLOGICAL AGENTS ... 163
OTHER HEMATOLOGICAL AGENTS ... 163

CARDIOVASCULAR SYSTEM ... 167

CARDIAC THERAPY ... 167
CARDIAC GLYCOSIDES ... 167
ANTIARRHYTHMICS, CLASS I AND III ... 167
CARDIAC STIMULANTS EXCL. CARDIAC GLYCOSIDES ... 169
VASODILATORS USED IN CARDIAC DISEASES ... 173
OTHER CARDIAC PREPARATIONS ... 176
ANTIHYPERTENSIVES ... 179
ANTIADRENERGIC AGENTS, CENTRALLY ACTING ... 179
ANTIADRENERGIC AGENTS, PERIPHERALLY ACTING ... 181
ARTERIOLAR SMOOTH MUSCLE, AGENTS ACTING ON ... 182
DIURETICS ... 182
LOW-CEILING DIURETICS, THIAZIDES ... 182
LOW-CEILING DIURETICS, EXCL. THIAZIDES ... 182
HIGH-CEILING DIURETICS ... 183
ALDOSTERONE ANTAGONISTS AND OTHER POTASSIUM-SPARING AGENTS ... 184
DIURETICS AND POTASSIUM-SPARING AGENTS IN COMBINATION ... 186
OTHER DIURETICS ... 186
PERIPHERAL VASODILATORS ... 187
PERIPHERAL VASODILATORS ... 187
BETA BLOCKING AGENTS ... 187
BETA BLOCKING AGENTS ... 187
CALCIUM CHANNEL BLOCKERS ... 193
SELECTIVE CALCIUM CHANNEL BLOCKERS WITH MAINLY VASCULAR EFFECTS ... 193
SELECTIVE CALCIUM CHANNEL BLOCKERS WITH DIRECT CARDIAC EFFECTS ... 195
AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM ... 196
ACE INHIBITORS, PLAIN ... 196
ACE INHIBITORS, COMBINATIONS ... 202
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), PLAIN ... 205
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), COMBINATIONS ... 210
LIPID MODIFYING AGENTS ... 221
LIPID MODIFYING AGENTS, PLAIN ... 221
LIPID MODIFYING AGENTS, COMBINATIONS ... 234

DERMATOLOGICALS ... 238

ANTIFUNGALS FOR DERMATOLOGICAL USE ... 238
ANTIFUNGALS FOR TOPICAL USE ... 238
ANTIFUNGALS FOR SYSTEMIC USE ... 239

ANTIPSORIATICS ... 239
ANTIPSORIATICS FOR TOPICAL USE ... 239
ANTIPSORIATICS FOR SYSTEMIC USE ... 240
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS ... 241
CORTICOSTEROIDS, PLAIN ... 241
ANTI-ACNE PREPARATIONS ... 249
ANTI-ACNE PREPARATIONS FOR TOPICAL USE ... 249
ANTI-ACNE PREPARATIONS FOR SYSTEMIC USE ... 249
OTHER DERMATOLOGICAL PREPARATIONS ... 250
OTHER DERMATOLOGICAL PREPARATIONS ... 250

GENITO URINARY SYSTEM AND SEX HORMONES ... 256

OTHER GYNECOLOGICALS ... 256
CONTRACEPTIVES FOR TOPICAL USE ... 256
OTHER GYNECOLOGICALS ... 257
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM ... 259
HORMONAL CONTRACEPTIVES FOR SYSTEMIC USE ... 259
ANDROGENS ... 261
ESTROGENS ... 266
PROGESTOGENS ... 268
PROGESTOGENS AND ESTROGENS IN COMBINATION ... 270
GONADOTROPINS AND OTHER OVULATION STIMULANTS ... 271
ANTIANDROGENS ... 274
OTHER SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM ... 275
UROLOGICALS ... 275
UROLOGICALS ... 275
DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY ... 277

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS ... 278

PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES ... 278
ANTERIOR PITUITARY LOBE HORMONES AND ANALOGUES ... 278
POSTERIOR PITUITARY LOBE HORMONES ... 278
HYPOTHALAMIC HORMONES ... 282
CORTICOSTEROIDS FOR SYSTEMIC USE ... 283
CORTICOSTEROIDS FOR SYSTEMIC USE, PLAIN ... 283
ANTIADRENAL PREPARATIONS ... 289
THYROID THERAPY ... 290
THYROID PREPARATIONS ... 290
ANTITHYROID PREPARATIONS ... 294
PANCREATIC HORMONES ... 294
GLYCOGENOLYTIC HORMONES ... 294
CALCIUM HOMEOSTASIS ... 295
PARATHYROID HORMONES AND ANALOGUES ... 295
ANTI-PARATHYROID AGENTS ... 296

ANTIINFECTIVES FOR SYSTEMIC USE ... 297

ANTIBACTERIALS FOR SYSTEMIC USE ... 297
TETRACYCLINES ... 297
BETA-LACTAM ANTIBACTERIALS, PENICILLINS ... 300
OTHER BETA-LACTAM ANTIBACTERIALS ... 308
SULFONAMIDES AND TRIMETHOPRIM ... 313

MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS 314
AMINOGLYCOSIDE ANTIBACTERIALS 317
QUINOLONE ANTIBACTERIALS 319
OTHER ANTIBACTERIALS 320
ANTIMYCOTICS FOR SYSTEMIC USE 323
ANTIMYCOTICS FOR SYSTEMIC USE 323
ANTIMYCOBACTERIALS 329
DRUGS FOR TREATMENT OF TUBERCULOSIS 329
DRUGS FOR TREATMENT OF LEPRA 329
ANTIVIRALS FOR SYSTEMIC USE 330
DIRECT ACTING ANTIVIRALS 330
VACCINES 341
BACTERIAL VACCINES 341

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 341

ANTINEOPLASTIC AGENTS 341
ALKYLATING AGENTS 341
ANTIMETABOLITES 343
PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS 349
PROTEIN KINASE INHIBITORS 350
MONOCLONAL ANTIBODIES AND ANTIBODY DRUG CONJUGATES 483
OTHER ANTINEOPLASTIC AGENTS 494
ENDOCRINE THERAPY 515
HORMONES AND RELATED AGENTS 515
HORMONE ANTAGONISTS AND RELATED AGENTS 520
IMMUNOSTIMULANTS 530
IMMUNOSTIMULANTS 530
IMMUNOSUPPRESSANTS 532
IMMUNOSUPPRESSANTS 532

MUSCULO-SKELETAL SYSTEM 1390

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS 1390
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS 1390
SPECIFIC ANTIRHEUMATIC AGENTS 1395
MUSCLE RELAXANTS 1396
MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS 1396
MUSCLE RELAXANTS, DIRECTLY ACTING AGENTS 1397
ANTIGOUT PREPARATIONS 1397
ANTIGOUT PREPARATIONS 1397
DRUGS FOR TREATMENT OF BONE DISEASES 1398
DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION 1398
OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM 1413
OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM 1413

NERVOUS SYSTEM 1414

ANALGESICS 1414
OPIOIDS 1414
OTHER ANALGESICS AND ANTIPYRETICS 1450

ANTIMIGRAINE PREPARATIONS 1452
ANTIEPILEPTICS 1457
ANTIEPILEPTICS 1457
ANTI-PARKINSON DRUGS 1483
ANTICHOLINERGIC AGENTS 1483
DOPAMINERGIC AGENTS 1483
PSYCHOLEPTICS 1498
ANTIPSYCHOTICS 1498
ANXIOLYTICS 1512
HYPNOTICS AND SEDATIVES 1514
PSYCHOANALEPTICS 1517
ANTIDEPRESSANTS 1517
PSYCHOSTIMULANTS, AGENTS USED FOR ADHD AND NOOTROPICS 1534
ANTI-DEMENTIA DRUGS 1545
OTHER NERVOUS SYSTEM DRUGS 1551
PARASYMPATHOMIMETICS 1551
DRUGS USED IN ADDICTIVE DISORDERS 1551
OTHER NERVOUS SYSTEM DRUGS 1555

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS 1558

ANTIPROTOZOALS 1558
AGENTS AGAINST AMOEBIASIS AND OTHER PROTOZOAL DISEASES 1558
ANTIMALARIALS 1558
ANTHELMINTICS 1558
ANTITREMATODALS 1558
ANTINEMATODAL AGENTS 1559
ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLENTS 1560
ECTOPARASITICIDES, INCL. SCABICIDES 1560

RESPIRATORY SYSTEM 1560

NASAL PREPARATIONS 1560
DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE 1560
DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES 1561
ADRENERGICS, INHALANTS 1561
OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS 1593
ADRENERGICS FOR SYSTEMIC USE 1601
OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES 1605

SENSORY ORGANS 1607

OPHTHALMOLOGICALS 1607
ANTIINFECTIVES 1607
ANTIINFLAMMATORY AGENTS 1609
ANTIGLAUCOMA PREPARATIONS AND MIOTICS 1612
MYDRIATICS AND CYCLOPLEGICS 1620
OCULAR VASCULAR DISORDER AGENTS 1620
OTHER OPHTHALMOLOGICALS 1639
OTOLOGICALS 1647

ANTIINFECTIVES 1647
CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION 1647
OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS 1647
ANTIINFECTIVES 1647

VARIOUS 1648

ALLERGENS 1648
ALLERGENS 1648
ALL OTHER THERAPEUTIC PRODUCTS 1648
ALL OTHER THERAPEUTIC PRODUCTS 1648
DIAGNOSTIC AGENTS 1653
URINE TESTS 1653
GENERAL NUTRIENTS 1654
OTHER NUTRIENTS 1654

ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Antiinfectives and antiseptics for local oral treatment

AMPHOTERICIN B

amphotericin B 10 mg lozenge, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2931G NP	1	1	..	18.56	20.10	Fungilin [AS]

amphotericin B 10 mg lozenge, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3306B DP	1	..	..	18.56	20.10	Fungilin [AS]

Other agents for local oral treatment

BENZYDAMINE

Restricted benefit
Mucositis
Clinical criteria:
- The condition must be radiation induced.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1121B NP	‡1	1	..	22.81	24.35	Difflam [IL]

BENZYDAMINE

Restricted benefit
Mucositis
Clinical criteria:
- The condition must be radiation induced.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5032W DP	‡1	..	..	22.81	24.35	Difflam [IL]

DRUGS FOR ACID RELATED DISORDERS

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

H2-receptor antagonists

FAMOTIDINE

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

famotidine 20 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2487X NP	1	5	..	18.18	19.72	Ausfam 20 [RW]

famotidine 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2488Y NP	1	5	..	18.18	19.72	Ausfam 40 [RW]

FAMOTIDINE

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

Restricted benefit
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

famotidine 20 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15047Y NP	2	5	..	*22.00	23.54	Ausfam 20 [RW]

famotidine 40 mg tablet, 30

15061Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*22.00	23.54	Ausfam 40 [RW]

▪ NIZATIDINE

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

nizatidine 150 mg capsule, 60

1505F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	24.49	25.00	[a] Nizac [RF]	[a] Tacidine [AF]
			[B]7.36	31.85	25.00	[a] Tazac [RW]	

nizatidine 300 mg capsule, 30

1504E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	24.49	25.00	[a] Nizac [RF]	[a] Tacidine [AF]
			[B]7.36	31.85	25.00	[a] Tazac [RW]	

▪ NIZATIDINE

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

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

nizatidine 150 mg capsule, 60

14306Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*34.62	25.00	[a] Nizac [RF]	[a] Tacidine [AF]
			[B]14.72	*49.34	25.00	[a] Tazac [RW]	

nizatidine 300 mg capsule, 30

14372K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*34.62	25.00	[a] Nizac [RF]	[a] Tacidine [AF]
			[B]14.72	*49.34	25.00	[a] Tazac [RW]	

▪ RANITIDINE

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

ranitidine 150 mg tablet, 60

1978D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	..	18.10	19.64	[a] APO-Ranitidine [TX]	[a] Zantac 150 [AS]

ranitidine 300 mg tablet, 30

1977C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.10	19.64	[a] APO-Ranitidine [TX]	[a] Zantac 300 [AS]

Proton pump inhibitors

▪ ESOMEPRAZOLE

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

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

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

Authority required

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

Clinical criteria:

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Authority required

Scleroderma oesophagus

Clinical criteria:

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

esomeprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3401B NP	1	5	..	21.44	22.98	[a] APO-Esomeprazole [TY] [a] Esomeprazole GxP [AF] [a] Esomeprazole Viatris [MQ] [a] Esopreze [BG] [a] Nexole [RF]	[a] Esomeprazole GH [GQ] [a] Esomeprazole RBX [RA] [a] ESOMEPRAZOLE-WGR [WG] [a] Nexazole [RW]
			[B]6.79	28.23	22.98	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10331R NP	1	5	..	21.44	22.98	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

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

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

Authority required

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have symptoms which are inadequately controlled using a standard dose proton pump inhibitor.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Authority required

Scleroderma oesophagus

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have symptoms which are inadequately controlled using a standard dose proton pump inhibitor.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

esomeprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14373L NP	2	5	..	*28.52	25.00	[a] APO-Esomeprazole [TY] [a] Esomeprazole GxP [AF] [a] Esomeprazole Viatris [MQ] [a] Esopreze [BG] [a] Nexole [RF]	[a] Esomeprazole GH [GQ] [a] Esomeprazole RBX [RA] [a] ESOMEPRAZOLE-WGR [WG] [a] Nexazole [RW]
			[B]13.58	*42.10	25.00	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14405E NP	2	5	..	*28.52	25.00	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

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

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

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

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

Authority required

Gastro-oesophageal reflux disease

Clinical criteria:

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

esomeprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8601Q NP	1	1	..	21.44	22.98	[a] APO-Esomeprazole [TY] [a] Esomeprazole GxP [AF] [a] Esomeprazole Viatris [MQ] [a] Esopreze [BG] [a] Nexole [RF]	[a] Esomeprazole GH [GQ] [a] Esomeprazole RBX [RA] [a] ESOMEPRAZOLE-WGR [WG] [a] Nexazole [RW]

			[B]6.79	28.23	22.98	[a] Nexium [AP]

esomeprazole 40 mg enteric capsule, 30

10330Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	21.44	22.98	[a] Noxicid Caps [AL]

NP

▪ ESOMEPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

esomeprazole 20 mg enteric tablet, 30

8886Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
					[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	
		[B]6.72	25.32	20.14	[a] Nexium [AP]	

NP

esomeprazole 20 mg enteric capsule, 30

10295W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] Noxicid Caps [AL]

NP

▪ ESOMEPRAZOLE

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

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

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

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

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

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

Authority required (STREAMLINED)

8827

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

esomeprazole 20 mg enteric tablet, 30

8600P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
					[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	
		[B]6.72	25.32	20.14	[a] Nexium [AP]	

NP

esomeprazole 20 mg enteric capsule, 30

10343J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] Noxicid Caps [AL]

NP

▪ ESOMEPRAZOLE

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

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

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

Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
8776
Gastro-oesophageal reflux disease
Clinical criteria:

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

esomeprazole 20 mg enteric tablet, 30

11692J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
					[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	
		[B]6.72	25.32	20.14	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

11687D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note Pharmaceutical benefits that have the form esomeprazole tablet 20 mg and pharmaceutical benefits that have the form esomeprazole capsule 20 mg are equivalent for the purposes of substitution.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

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

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

esomeprazole 20 mg enteric tablet, 30

14692G (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
					[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	
		[B]6.72	25.32	20.14	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

14701R (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

Note Pharmaceutical benefits that have the form esomeprazole tablet 20 mg and pharmaceutical benefits that have the form esomeprazole capsule 20 mg are equivalent for the purposes of substitution.
Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
15530
Gastro-oesophageal reflux disease
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**

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

esomeprazole 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14444F NP	2	5	..	*22.84	24.38	[a] APO-Esomeprazole [TY] [a] Esomeprazole GxP [AF] [a] Esomeprazole Viatris [MQ] [a] Esopreze [BG] [a] Nexole [RF]	[a] Esomeprazole GH [GQ] [a] Esomeprazole RBX [RA] [a] ESOMEPRAZOLE-WGR [WG] [a] Nexazole [RW]
			[B]13.44	*36.28	24.38	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14303T NP	2	5	..	*22.84	24.38	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

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

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

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

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

Authority required (STREAMLINED)

15658

Scleroderma oesophagus

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

15682

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

esomeprazole 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14308C NP	2	5	..	*22.84	24.38	[a] APO-Esomeprazole [TY] [a] Esomeprazole GxP [AF] [a] Esomeprazole Viatris [MQ] [a] Esopreze [BG] [a] Nexole [RF]	[a] Esomeprazole GH [GQ] [a] Esomeprazole RBX [RA] [a] ESOMEPRAZOLE-WGR [WG] [a] Nexazole [RW]
			[B]13.44	*36.28	24.38	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14510Q NP	2	5	..	*22.84	24.38	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

esomeprazole 20 mg enteric tablet, 30

12287Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
					[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	
		[B]13.44	*36.28	24.38	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

12275C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**

- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

esomeprazole 20 mg enteric tablet, 30

14481E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*31.32	25.00	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
					[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	
		[B]26.88	*58.20	25.00	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

14537D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*31.32	25.00	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

Note A high dose proton pump inhibitor is: esomeprazole 40 mg.

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

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

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

Note This authority approval must be sought by the specified specialist prescriber.

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must have symptoms inadequately controlled with each of: (i) a high dose proton pump inhibitor (PPI) administered once daily, (ii) a standard dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from a high dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

esomeprazole 40 mg enteric tablet, 30

12283L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*28.52	25.00	[a] APO-Esomeprazole [TY]	[a] Esomeprazole GH [GQ]
					[a] Esomeprazole GxP [AF]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Viatris [MQ]	[a] ESOMEPRAZOLE-WGR [WG]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	
		[B]13.58	*42.10	25.00	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

12290W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*28.52	25.00	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

Note A high dose proton pump inhibitor is: esomeprazole 40 mg.

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

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

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

Note This authority approval must be sought by the specified specialist prescriber.

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must have symptoms inadequately controlled with each of: (i) a high dose proton pump inhibitor (PPI) administered once daily, (ii) a standard dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from a high dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

esomeprazole 40 mg enteric tablet, 30

14512T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*42.68	25.00	[a] APO-Esomeprazole [TY] [a] Esomeprazole GxP [AF] [a] Esomeprazole Viatris [MQ] [a] Esopreze [BG] [a] Nexole [RF]	[a] Esomeprazole GH [GQ] [a] Esomeprazole RBX [RA] [a] ESOMEPRAZOLE-WGR [WG] [a] Nexazole [RW]
		[B]27.16	*69.84	25.00	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

14445G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*42.68	25.00	[a] Noxicid Caps [AL]

▪ LANSOPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Restricted benefit

Scleroderma oesophagus

lansoprazole 15 mg enteric capsule, 30

8198L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.10	19.64	Zopral [AF]

lansoprazole 15 mg orally disintegrating tablet, 28

9331D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.02	19.56	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]4.57	22.59	19.56	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Scleroderma oesophagus

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

lansoprazole 15 mg enteric capsule, 30

14448K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*21.84	23.38	Zopral [AF]

lansoprazole 15 mg orally disintegrating tablet, 28

14374M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.68	23.22	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]9.14	*30.82	23.22	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

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

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

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

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

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

lansoprazole 30 mg enteric capsule, 28

2241Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Lansoprazole [TX] [a] Zopral [AF]	[a] Lanzopran [RA]

lansoprazole 30 mg orally disintegrating tablet, 28

9478W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]4.47	23.07	20.14	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

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

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

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

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

Authority required (STREAMLINED)

15658

Scleroderma oesophagus

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

lansoprazole 30 mg enteric capsule, 28

14340R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Lansoprazole [TX] [a] Zopral [AF]	[a] Lanzopran [RA]

lansoprazole 30 mg orally disintegrating tablet, 28

14342W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
			[B]8.94	*31.78	24.38	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

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

lansoprazole 30 mg enteric capsule, 28

11669E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-Lansoprazole [TX] [a] Zopral [AF]	[a] Lanzopran [RA]

lansoprazole 30 mg orally disintegrating tablet, 28

11697P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
			[B]4.47	23.07	20.14	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

15530

Gastro-oesophageal reflux disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

lansoprazole 30 mg enteric capsule, 28

14302R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Lansoprazole [TX] [a] Zopral [AF]	[a] Lanzopran [RA]

lansoprazole 30 mg orally disintegrating tablet, 28

14406F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
			[B]8.94	*31.78	24.38	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

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

lansoprazole 30 mg enteric capsule, 28

2240X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] APO-Lansoprazole [TX] [a] Zopral [AF]	[a] Lanzopran [RA]

lansoprazole 30 mg orally disintegrating tablet, 28

9477T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]4.47	23.07	20.14	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

lansoprazole 30 mg enteric capsule, 28

12284M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Lansoprazole [TX] [a] Zopral [AF]	[a] Lanzopran [RA]

lansoprazole 30 mg orally disintegrating tablet, 28

12276D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]8.94	*31.78	24.38	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

lansoprazole 30 mg enteric capsule, 28

14304W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*31.32	25.00	[a] APO-Lansoprazole [TX] [a] Zopral [AF]	[a] Lanzopran [RA]

lansoprazole 30 mg orally disintegrating tablet, 28

14339Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*31.32	25.00	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]17.88	*49.20	25.00	[a] Zoton FasTabs [PF]	

▪ OMEPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

omeprazole 10 mg enteric tablet, 30

14702T NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.10	19.64	Losec Tablets [PB]

▪ OMEPRAZOLE

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

Restricted benefit

Scleroderma oesophagus

Restricted benefit

Zollinger-Ellison syndrome

omeprazole 10 mg enteric tablet, 30

8332M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.10	19.64	Losec Tablets [PB]

▪ OMEPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Scleroderma oesophagus

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Zollinger-Ellison syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

omeprazole 10 mg enteric tablet, 30

14432N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*21.84	23.38	Losec Tablets [PB]

▪ OMEPRAZOLE

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

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

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

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

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

Authority required (STREAMLINED)

8866

Zollinger-Ellison syndrome

omeprazole 20 mg enteric tablet, 30

8333N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE-WGR [WG]	[a] Maxor EC Tabs [AF] [a] Ozmep [RW]

omeprazole 20 mg enteric tablet, 30

9110L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] Acimax Tablets [FJ] [a] Omeprazole Sandoz [SZ]	[a] Omepral [FQ]
		[B]6.87	25.47	20.14	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric capsule, 30

1327W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE CAPS WGR [WG]	[a] Maxor [AF] [a] Omeprazole Sandoz [HX]

						[a] Pharmacor Omeprazole 20 [CR]	[a] Probitor [SZ]

▪ OMEPRAZOLE

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

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

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

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

Authority required (STREAMLINED)

15658

Scleroderma oesophagus

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

15678

Zollinger-Ellison syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

omeprazole 20 mg enteric tablet, 30

14364B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Omeprazole [TX]	[a] Maxor EC Tabs [AF]
					[a] OMEPRAZOLE-WGR [WG]	[a] Ozmep [RW]

omeprazole 20 mg enteric tablet, 30

14397R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] Acimax Tablets [FJ]	[a] Omepral [FQ]
					[a] Omeprazole Sandoz [SZ]	
		[B]13.74	*36.58	24.38	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric capsule, 30

14559G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Omeprazole [TX]	[a] Maxor [AF]
					[a] OMEPRAZOLE CAPS WGR [WG]	[a] Omeprazole Sandoz [HX]
					[a] Pharmacor Omeprazole 20 [CR]	[a] Probitor [SZ]

▪ OMEPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

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

omeprazole 20 mg enteric tablet, 30

11677N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] Acimax Tablets [FJ]	[a] Omepral [FQ]
					[a] Omeprazole Sandoz [SZ]	
		[B]6.87	25.47	20.14	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric tablet, 30

11683X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Omeprazole [TX]	[a] Maxor EC Tabs [AF]
					[a] OMEPRAZOLE-WGR [WG]	[a] Ozmep [RW]

omeprazole 20 mg enteric capsule, 30

11682W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE CAPS WGR [WG] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Omeprazole Sandoz [HX] [a] Probitor [SZ]

▪ OMEPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

omeprazole 20 mg enteric tablet, 30

8331L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE-WGR [WG]	[a] Maxor EC Tabs [AF] [a] Ozmep [RW]

omeprazole 20 mg enteric tablet, 30

9109K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] Acimax Tablets [FJ] [a] Omeprazole Sandoz [SZ]	[a] Omepral [FQ]
		[B]6.87	25.47	20.14	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric capsule, 30

1326T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE CAPS WGR [WG] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Omeprazole Sandoz [HX] [a] Probitor [SZ]

▪ OMEPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

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

omeprazole 20 mg enteric tablet, 30

14707C (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] Acimax Tablets [FJ] [a] Omeprazole Sandoz [SZ]	[a] Omepral [FQ]
		[B]6.87	25.47	20.14	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric tablet, 30

14708D (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE-WGR [WG]	[a] Maxor EC Tabs [AF] [a] Ozmep [RW]

omeprazole 20 mg enteric capsule, 30

14706B (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.60	20.14	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE CAPS WGR [WG] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Omeprazole Sandoz [HX] [a] Probitor [SZ]

▪ OMEPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

15530

Gastro-oesophageal reflux disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

omeprazole 20 mg enteric tablet, 30

14533X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE-WGR [WG]	[a] Maxor EC Tabs [AF] [a] Ozmep [RW]

omeprazole 20 mg enteric tablet, 30

14557E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] Acimax Tablets [FJ] [a] Omeprazole Sandoz [SZ]	[a] Omepral [FQ]
		[B]13.74	*36.58	24.38	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric capsule, 30

14464G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE CAPS WGR [WG] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Omeprazole Sandoz [HX] [a] Probitor [SZ]

▪ OMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR

- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

omeprazole 20 mg enteric tablet, 30

12270T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] Acimax Tablets [FJ] [a] Omeprazole Sandoz [SZ]	[a] Omepral [FQ]
		[B]13.74	*36.58	24.38	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric tablet, 30

12272X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE-WGR [WG]	[a] Maxor EC Tabs [AF] [a] Ozmep [RW]

omeprazole 20 mg enteric capsule, 30

12281J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE CAPS WGR [WG] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Omeprazole Sandoz [HX] [a] Probitor [SZ]

▪ OMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**

- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

omeprazole 20 mg enteric tablet, 30

14363Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	4	5	..	*31.32	25.00	[a] Acimax Tablets [FJ] [a] Omeprazole Sandoz [SZ]	[a] Omepral [FQ]
			[B]27.48	*58.80	25.00	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric tablet, 30

14558F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	4	5	..	*31.32	25.00	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE-WGR [WG]	[a] Maxor EC Tabs [AF] [a] Ozmep [RW]

omeprazole 20 mg enteric capsule, 30

14465H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	4	5	..	*31.32	25.00	[a] APO-Omeprazole [TX] [a] OMEPRAZOLE CAPS WGR [WG] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Omeprazole Sandoz [HX] [a] Probitor [SZ]

▪ PANTOPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Restricted benefit

Scleroderma oesophagus

Restricted benefit

Zollinger-Ellison syndrome

pantoprazole 20 mg enteric tablet, 30

8399C NP	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	17.10	18.64	[a] APO-Pantoprazole [TX] [a] BTC Pantoprazole [BG] [a] Panthron [ZS] [a] Pantoprazole Sandoz [SZ] [a] Salpraz [AF]	[a] APX-PANTOPRAZOLE [TW] [a] Ozpan [RA] [a] Pantoprazole generichealth [HQ] [a] PANTOPRAZOLE-WGR [WG] [a] Sozol [RW]
			[B]4.69	21.79	18.64	[a] Somac [NQ]	

▪ PANTOPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Scleroderma oesophagus

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Zollinger-Ellison syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pantoprazole 20 mg enteric tablet, 30

14501F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*19.84	21.38	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] Ozpan [RA]
					[a] Panthron [ZS]	[a] Pantoprazole generichealth [HQ]
					[a] Pantoprazole Sandoz [SZ]	[a] PANTOPRAZOLE-WGR [WG]
					[a] Salpraz [AF]	[a] Sozol [RW]
		[B]9.38	*29.22	21.38	[a] Somac [NQ]	

▪ PANTOPRAZOLE

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

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

pantoprazole 40 mg enteric coated granules, 30 sachets

9424B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	34.84	25.00	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

8008L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.47	19.01	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
					[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
					[a] Sozol [RW]	
		[B]4.69	22.16	19.01	[a] Somac [NQ]	

▪ PANTOPRAZOLE

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

Authority required (STREAMLINED)
15658
Scleroderma oesophagus
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)
15678
Zollinger-Ellison syndrome
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pantoprazole 40 mg enteric coated granules, 30 sachets

14466J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*55.32	25.00	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

14330F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*20.58	22.12	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
					[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
					[a] Sozol [RW]	
		[B]9.38	*29.96	22.12	[a] Somac [NQ]	

▪ PANTOPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
8776
Gastro-oesophageal reflux disease
Clinical criteria:

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

pantoprazole 40 mg enteric coated granules, 30 sachets

11678P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	34.84	25.00	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

11681T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.47	19.01	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
					[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
					[a] Sozol [RW]	
		[B]4.69	22.16	19.01	[a] Somac [NQ]	

▪ PANTOPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
15530
Gastro-oesophageal reflux disease
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

pantoprazole 40 mg enteric coated granules, 30 sachets

14500E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*55.32	25.00	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

14362X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*20.58	22.12	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
					[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
					[a] Sozol [RW]	
		[B]9.38	*29.96	22.12	[a] Somac [NQ]	

▪ PANTOPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

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

pantoprazole 40 mg enteric coated granules, 30 sachets

9423Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	34.84	25.00	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

8007K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	17.47	19.01	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
					[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
					[a] Sozol [RW]	
		[B]4.69	22.16	19.01	[a] Somac [NQ]	

▪ PANTOPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

pantoprazole 40 mg enteric coated granules, 30 sachets

12282K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*55.32	25.00	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

12277E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*20.58	22.12	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]
					[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
					[a] Sozol [RW]	
		[B]9.38	*29.96	22.12	[a] Somac [NQ]	

▪ PANTOPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

pantoprazole 40 mg enteric coated granules, 30 sachets

14395P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*96.28	25.00	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

14394N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*26.80	25.00	[a] APO-Pantoprazole [TX]	[a] APX-PANTOPRAZOLE [TW]
					[a] BTC Pantoprazole [BG]	[a] I-Pantoprazole [CR]
					[a] Ozpan [RA]	[a] Panthron [ZS]
					[a] Pantoprazole generichealth [HQ]	[a] Pantoprazole Sandoz [SZ]

				[a] PANTOPRAZOLE-WGR [WG]	[a] Salpraz [AF]
				[a] Sozol [RW]	
[B]18.76	*45.56	25.00	[a] Somac [NQ]		

▪ RABEPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Restricted benefit

Scleroderma oesophagus

rabeprazole sodium 10 mg enteric tablet, 28

8507R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.93	19.47	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
					[a] Rabeprazole Sandoz [SZ]	[a] Rabeprazole Viatris [AF]
					[a] RABEPRAZOLE-WGR [WG]	

▪ RABEPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Scleroderma oesophagus

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

rabeprazole sodium 10 mg enteric tablet, 28

14502G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.50	23.04	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
					[a] Rabeprazole Sandoz [SZ]	[a] Rabeprazole Viatris [AF]
					[a] RABEPRAZOLE-WGR [WG]	

▪ RABEPRAZOLE

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

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

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

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

rabeprazole sodium 20 mg enteric tablet, 30

8508T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.93	19.47	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
					[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
					[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]
					[a] Zabep [AL]	

▪ RABEPRAZOLE

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

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

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

Authority required (STREAMLINED)

15658

Scleroderma oesophagus

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

rabeprazole sodium 20 mg enteric tablet, 30

14433P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.50	23.04	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
					[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
					[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]
					[a] Zabep [AL]	

▪ RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
8776
Gastro-oesophageal reflux disease
Clinical criteria:

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

rabeprazole sodium 20 mg enteric tablet, 30

11670F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.93	19.47	[a] APO-Rabeprazole [TX] [a] Rabeprazole Mylan [AF] [a] Rabeprazole SUN [RN] [a] Zabep [AL]	[a] Parbezol [RW] [a] Rabeprazole Sandoz [SZ] [a] RABEPRAZOLE-WGR [WG]

▪ RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
15530
Gastro-oesophageal reflux disease
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.

rabeprazole sodium 20 mg enteric tablet, 30

14463F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.50	23.04	[a] APO-Rabeprazole [TX] [a] Rabeprazole Mylan [AF] [a] Rabeprazole SUN [RN] [a] Zabep [AL]	[a] Parbezol [RW] [a] Rabeprazole Sandoz [SZ] [a] RABEPRAZOLE-WGR [WG]

▪ RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
8775
Peptic ulcer
Treatment Phase: Initial treatment
Clinical criteria:

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

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

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

rabeprazole sodium 20 mg enteric tablet, 30

8509W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	17.93	19.47	[a] APO-Rabeprazole [TX] [a] Rabeprazole Mylan [AF]	[a] Parbezol [RW] [a] Rabeprazole Sandoz [SZ]

	[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]
	[a] Zabep [AL]	

▪ RABEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

rabeprazole sodium 20 mg enteric tablet, 30

12286P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.50	23.04	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
					[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
					[a] Rabeprazole SUN [RN]	[a] RABEPRAZOLE-WGR [WG]
					[a] Zabep [AL]	

▪ RABEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 2 packs per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

rabeprazole sodium 20 mg enteric tablet, 30

14396Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*28.64	25.00	[a] APO-Rabeprazole [TX] [a] Rabeprazole Mylan [AF] [a] Rabeprazole SUN [RN] [a] Zabep [AL]	[a] Parbezol [RW] [a] Rabeprazole Sandoz [SZ] [a] RABEPRAZOLE-WGR [WG]

Combinations for eradication of Helicobacter pylori

▪ ESOMEPRAZOLE (&) CLARITHROMYCIN (&) AMOXICILLIN

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

Restricted benefit

Eradication of Helicobacter pylori

Clinical criteria:

- The condition must be associated with peptic ulcer disease.

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

10759G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	35.94	25.00	[a] ESOMEPRAZOLE SANDOZ Hp7 [SZ]

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

8738X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	[B]4.82	40.76	25.00	[a] Nexium Hp7 [AP]

▪ DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, tertiary amines

▪ ATROPINE SULFATE

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

1089H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	29.87	25.00	Atropine Injection (Bridgewest) [WZ]

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

5022H

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	29.87	25.00	Atropine Injection (Bridgewest) [WZ]

PROPULSIVES

Propulsives

▪ DOMPERIDONE

domperidone 10 mg tablet, 25

1347X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	16.45	17.99	[a] APO-DOMPERIDONE [TX]	[a] Motilium [JT]

▪ METOCLOPRAMIDE

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

1206L (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	21.77	23.31	[a] Metoclopramide HCl Medsurge [DZ]	[a] METOCLOPRAMIDE INJECTION BP [WZ]

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

5153F (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	21.77	23.31	[a] Metoclopramide HCl Medsurge [DZ]	[a] METOCLOPRAMIDE INJECTION BP [WZ]

metoclopramide hydrochloride 10 mg tablet, 25

1207M (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Metoclopramide [TX]	[a] EMEXLON [RW]
					[a] METOCLOPRAMIDE-WGR [WG]	[a] Pramin [AF]
		[B]3.31	20.41	18.64	[a] Maxolon [IL]	

metoclopramide hydrochloride 10 mg tablet, 25

5151D (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Metoclopramide [TX]	[a] EMEXLON [RW]
					[a] METOCLOPRAMIDE-WGR [WG]	[a] Pramin [AF]
		[B]3.31	20.41	18.64	[a] Maxolon [IL]	

▪ ANTIEMETICS AND ANTINAUSEANTS

ANTIEMETICS AND ANTINAUSEANTS

Serotonin (5HT3) antagonists

▪ FOSNETUPITANT + PALONOSETRON

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

Note Various sources of information outline the emetic risk associated with cancer treatment. Examples include the National Comprehensive Cancer Network guidelines (USA), eviQ guidelines and approved Product Information of individual drugs. These examples are not a comprehensive list of which anti-cancer drugs that have moderate to high emesis risk.

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

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

Authority required

Nausea and vomiting

Clinical criteria:

- The treatment must be for prevention of nausea and vomiting associated with moderate to highly emetogenic anti-cancer therapy, **AND**
- The treatment must be in combination with dexamethasone, unless contraindicated, **AND**
- Patient must be unable to swallow; OR
- Patient must be contraindicated to oral anti-emetics.

fosnetupitant 235 mg + palonosetron 250 microgram injection, 1 vial

13640X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	109.55	25.00	Akynzeo IV [XT]

▪ GRANISETRON

Authority required (STREAMLINED)

10498

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; OR
- The condition must be associated with oral chemotherapy being used to treat malignancy.

granisetron 2 mg tablet, 5

8873B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	57.59	25.00	Kytril [IX]

NP

▪ GRANISETRON

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

granisetron 2 mg tablet, 1

8728J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*31.66	25.00	Kytril [IX]

NP

▪ NETUPITANT + PALONOSETRON

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

Note Various sources of information outline the emetic risk associated with cancer treatment. Examples include the National Comprehensive Cancer Network guidelines (USA), eviQ guidelines and approved Product Information of individual drugs. These examples are not a comprehensive list of which anti-cancer drugs that have moderate to high emesis risk.

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

Authority required (STREAMLINED)

14443

Nausea and vomiting

Clinical criteria:

- The treatment must be in combination with dexamethasone, unless contraindicated, **AND**
- The treatment must be for prevention of nausea and vomiting associated with moderate to highly emetogenic anti-cancer therapy.

netupitant 300 mg + palonosetron 500 microgram capsule, 1

10731T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	99.53	25.00	Akynzeo [XT]

NP

▪ ONDANSETRON

Authority required (STREAMLINED)

15193

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; OR
- The condition must be associated with chemotherapy (including methotrexate) being used in the treatment of malignancy and juvenile autoimmune conditions.

ondansetron 8 mg tablet, 10

1595Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	25.66	25.00	[a] APX-Ondansetron [TY]	[a] Ondansetron-DRLA [RZ]
					[a] Ondansetron SZ [HX]	[a] Ondansetron Tablets Viatris [AL]
					[a] Ondansetron VTRS [AF]	[a] ONDANSETRON-WGR [WG]
					[a] Zofran [AS]	[a] Zotren 8 [RF]

NP

ondansetron 4 mg/5 mL oral liquid, 50 mL

8233H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	98.61	25.00	[a] ONDANSETRON-AFT [AE]	[a] Zofran syrup 50 mL [AS]

NP

ondansetron 4 mg tablet, 10

1594X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	23.49	25.00	[a] APX-Ondansetron [TY]	[a] Ondansetron-DRLA [RZ]
					[a] Ondansetron SZ [HX]	[a] Ondansetron Tablets Viatris [AL]
					[a] ONDANSETRON-WGR [WG]	[a] Zofran [AS]
					[a] Zotren 4 [RF]	

NP

▪ ONDANSETRON

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

ondansetron 4 mg orally disintegrating tablet, 4

5470X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.10	19.64	[a] APX-Ondansetron ODT [TY]	[a] Ondansetron ODT-DRLA [RZ]
					[a] Ondansetron ODT Viatris [AL]	[a] ONDANSETRON ODT-WGR [WG]
					[a] Ondansetron SZ ODT [HX]	[a] Zotren ODT [RF]

ondansetron 8 mg orally disintegrating tablet, 4

5471Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.93	20.47	[a] APX-Ondansetron ODT [TY]	[a] Ondansetron ODT-DRLA [RZ]
					[a] Ondansetron ODT Viatris [AL]	[a] ONDANSETRON ODT-WGR [WG]
					[a] Ondansetron SZ ODT [HX]	[a] Zotren ODT [RF]

▪ ONDANSETRON

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

ondansetron 4 mg tablet, 4

8224W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.10	19.64	[a] APX-Ondansetron [TY]	[a] Ondansetron-DRLA [RZ]
					[a] Ondansetron SZ [HX]	[a] Ondansetron Tablets Viatris [AL]
					[a] ONDANSETRON-WGR [WG]	[a] Zofran [AS]
					[a] Zotren 4 [RF]	

ondansetron 8 mg tablet, 4

8225X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.93	20.47	[a] APX-Ondansetron [TY]	[a] Ondansetron-DRLA [RZ]
					[a] Ondansetron SZ [HX]	[a] Ondansetron Tablets Viatris [AL]
					[a] Ondansetron VTRS [AF]	[a] ONDANSETRON-WGR [WG]
					[a] Zofran [AS]	[a] Zotren 8 [RF]

▪ ONDANSETRON

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

ondansetron 4 mg/5 mL oral liquid, 50 mL

9441X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	98.61	25.00	[a] ONDANSETRON-AFT [AE]	[a] Zofran syrup 50 mL [AS]

▪ ONDANSETRON

Note Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 4 mg and pharmaceutical benefits that have the form ondansetron 4 mg wafer are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

15193

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; OR
- The condition must be associated with chemotherapy (including methotrexate) being used in the treatment of malignancy and juvenile autoimmune conditions.

ondansetron 4 mg wafer, 10

8412R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	[B]3.35	26.84	25.00	[a] Zofran Zydis [AS]

ondansetron 4 mg orally disintegrating tablet, 10

5472B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	23.49	25.00	[a] APX-Ondansetron ODT [TY]	[a] Ondansetron ODT-DRLA [RZ]
					[a] Ondansetron ODT Lupin [HQ]	[a] Ondansetron ODT Viatris [AL]

[a] ONDANSETRON ODT-WGR [WG]	[a] Ondansetron SZ ODT [HX]
[a] Zotren ODT [RF]	

▪ ONDANSETRON

Note Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 8 mg and pharmaceutical benefits that have the form ondansetron 8 mg wafer are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

15193

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; OR
- The condition must be associated with chemotherapy (including methotrexate) being used in the treatment of malignancy and juvenile autoimmune conditions.

ondansetron 8 mg wafer, 10

8413T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	[B]3.34	31.66	25.00	[a] Zofran Zydis [AS]

ondansetron 8 mg orally disintegrating tablet, 10

5473C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	25.66	25.00	[a] APX-Ondansetron ODT [TY]	[a] Ondansetron ODT-DRLA [RZ]
					[a] Ondansetron ODT Lupin [HQ]	[a] Ondansetron ODT Viatris [AL]
					[a] Ondansetron ODT VTRS [MQ]	[a] ONDANSETRON ODT-WGR [WG]
					[a] Ondansetron SZ ODT [HX]	[a] Zotren ODT [RF]

▪ PALONOSETRON

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

Note This drug is not PBS-subsidised for administration with oral 5-HT3 antagonists.

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

palonosetron 250 microgram/5 mL injection, 5 mL vial

5295Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	24.70	25.00	[a] Palonosetron Dr.Reddy's [RZ]	[a] Palonosetron JN [XT]
					[a] PALONOSETRON Medsurge [DZ]	

Other antiemetics

▪ APREPITANT

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

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

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

Authority required (STREAMLINED)

4211

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

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

Authority required (STREAMLINED)

4215

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline.

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

Authority required (STREAMLINED)

6444

Nausea and vomiting

Clinical criteria:

- The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must have had a prior episode of chemotherapy induced nausea or vomiting, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed.

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

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

Authority required (STREAMLINED)

6370

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin.

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

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

aprepitant 165 mg capsule, 1

2518M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	66.01	25.00	[a] Aprepitant APOTEX [TX]	[a] APREPITANT SCP [XC]

▪ FOSAPREPITANT

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

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

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

Authority required (STREAMLINED)

6886

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

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

Authority required (STREAMLINED)

6891

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline.

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

Authority required (STREAMLINED)

6887

Nausea and vomiting

Clinical criteria:

- The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must have had a prior episode of chemotherapy induced nausea or vomiting, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed.

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

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

Authority required (STREAMLINED)

6852

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin.

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

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

fosaprepitant 150 mg injection, 1 vial

11107N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	64.04	25.00	[a] FOSAPREPITANT-AFT [AE]	[a] FOSAPREPITANT MEDSURGE [DZ]
					[a] FOSAPREPITANT MSN [RQ]	

▪ PROCHLORPERAZINE

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

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

5206B (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	30.69	25.00	Stemetil [IX]

prochlorperazine maleate 5 mg tablet, 25

5205Y (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Prochlorperazine [TX]	[a] ProCalm [RW]
					[a] Prochlorperazine GH [GQ]	[a] Prochlorperazine Viatris [AF]
					[a] PROCHLORPERAZINE-WGR [WG]	
		[B]2.79	19.89	18.64	[a] Stemetil [IX]	

▪ PROCHLORPERAZINE

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

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

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

2369Q (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	30.69	25.00	Stemetil [IX]

prochlorperazine maleate 5 mg tablet, 25

2893G (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Prochlorperazine [TX]	[a] ProCalm [RW]
					[a] Prochlorperazine GH [GQ]	[a] Prochlorperazine Viatris [AF]
					[a] PROCHLORPERAZINE-WGR [WG]	
		[B]2.79	19.89	18.64	[a] Stemetil [IX]	

▪ BILE AND LIVER THERAPY

BILE THERAPY

Bile acids and derivatives

▪ OBETICHOLIC ACID

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

Note Not for use in the treatment of sclerosing cholangitis.

Note Laboratory readings requested in this authority application must be no older than 52 weeks.

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17548

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; OR
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, **AND**

- Patient must be undergoing continuing PBS-subsidised treatment with this drug, with treatment having commenced through one of: (i) the 'Initial treatment' listing, (ii) 'Grandfather' arrangements, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid; OR
- Patient must be undergoing treatment with this drug as monotherapy because treatment with ursodeoxycholic acid is not tolerated/contraindicated, **AND**
- Patient must not be undergoing concurrent treatment with elafibranor.

Clinical criteria:

- Patient must have achieved an adequate response to this drug, defined as having at least one of: (i) an alkaline phosphate (ALP) level less than 1.67 times the upper limit of normal (ULN), (ii) a reduction in the ALP reading of at least 15% compared to the baseline level provided with the initial authority application, (iii) a total bilirubin level within the normal reference range.

The improvement in the qualifying laboratory reading(s) has/have been documented in the patient's medical records.

obeticholic acid 10 mg tablet, 30

12640G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3835.98	25.00	Ocaliva [GH]

obeticholic acid 5 mg tablet, 30

12630R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3835.98	25.00	Ocaliva [GH]

▪ OBETICHOLIC ACID

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

Note Not for use in the treatment of sclerosing cholangitis.

Note In accordance with the dosing directions in the approved Product Information, the 10 mg presentation is not PBS listed for initiation of treatment.

Note Laboratory readings requested in this authority application must be no older than 52 weeks, prior to starting obeticholic acid or elafibranor, whichever is used first.

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid; OR
- Patient must be undergoing treatment with this drug as monotherapy because treatment with ursodeoxycholic acid is not tolerated/contraindicated, **AND**
- Patient must not be undergoing concurrent treatment with elafibranor.

Clinical criteria:

- Patient must have experienced an inadequate response to ursodeoxycholic acid, despite treatment with ursodeoxycholic acid for at least 52 weeks at a therapeutic dose, prior to initiating treatment with this drug; OR
- Patient must have experienced an intolerance/contraindication to ursodeoxycholic acid of a severity requiring permanent treatment discontinuation, prior to initiating treatment with this drug, **AND**
- Patient must not have/be each of: (i) severe liver disease, (ii) immunocompromised, **AND**
- Patient must have an alkaline phosphatase (ALP) level of at least 1.67 times the upper limit of normal (ULN) prior to initiating treatment with this drug, having accounted for each of: (i) age, (ii) gender, (iii) laboratory to laboratory variances in the definition of 'normal', despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; OR
- Patient must have a total bilirubin level between 1 to 2 times the ULN prior to initiating treatment with this drug, despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; OR
- Patient must have abnormal readings of at least one of: (i) alkaline phosphatase (ii) total bilirubin, in the presence of an intolerance of a severity requiring treatment discontinuation with ursodeoxycholic acid; OR
- Patient must have experienced an intolerance to elafibranor of a severity requiring treatment discontinuation, prior to initiating treatment with this drug; OR
- Patient must have inadequately responded to treatment with elafibranor, prior to initiating treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Document and retain in the patient's medical records the qualifying baseline laboratory reading for the purpose of assessing response to treatment under the 'Continuing treatment' restriction.

obeticholic acid 5 mg tablet, 30

12623J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3835.98	25.00	Ocaliva [GH]

▪ URSODEOXYCHOLIC ACID

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

Authority required (STREAMLINED)

16558

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

ursodeoxycholic acid 250 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8448P NP	2	4	..	*222.12	25.00	[a] APO-Ursodeoxycholic acid [TX] [a] Ursofalk [FD]	[a] Ursodox GH [GQ] [a] Ursosan [BZ]

▪ URSODEOXYCHOLIC ACID

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

Note Pharmaceutical benefits that have the form ursodeoxycholic acid 500 mg capsule and pharmaceutical benefits that have the form ursodeoxycholic acid 500 mg tablet are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

16558

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Ursodeoxycholic acid 500 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14716M NP	1	4	..	288.63	25.00	[a] Ursodox GH [GQ]

ursodeoxycholic acid 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11180K NP	1	4	..	288.63	25.00	[a] ARX-URSODEOXYCHOLIC ACID [XT]	[a] Ursofalk [FD]

Other drugs for bile therapy

▪ ELAFIBRANOR

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

Note Not for use in the treatment of sclerosing cholangitis.

Note Laboratory readings requested in this authority application must be no older than 52 weeks.

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17501

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; OR
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types,

AND

- Patient must be undergoing continuing PBS-subsidised treatment with this drug, with treatment having commenced through one of: (i) the 'Initial treatment' listing, (ii) 'Grandfather' arrangements, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid; OR
- Patient must be undergoing treatment with this drug as monotherapy because treatment with ursodeoxycholic acid is not tolerated/contraindicated, **AND**
- Patient must not be undergoing concurrent treatment with obeticholic acid.

Clinical criteria:

- Patient must have achieved an adequate response to this drug, defined as having at least one of: (i) an alkaline phosphate (ALP) level less than 1.67 times the upper limit of normal (ULN), (ii) a reduction in the ALP reading of at least 15% compared to the baseline level provided with the initial authority application, (iii) a total bilirubin level within the normal reference range.

The improvement in the qualifying laboratory reading(s) has/have been documented in the patient's medical records.

Elafibranor 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15089E NP	1	5	..	5969.00	25.00	Iqirvo [IS]

▪ ELAFIBRANOR

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

Note Not for use in the treatment of sclerosing cholangitis.

Note Laboratory readings requested in this authority application must be no older than 52 weeks, prior to starting obeticholic acid or elafibranor, whichever is used first.

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid; OR
- Patient must be undergoing treatment with this drug as monotherapy because treatment with ursodeoxycholic acid is not tolerated/contraindicated, **AND**
- Patient must not be undergoing concurrent treatment with obeticholic acid.

Clinical criteria:

- Patient must have experienced an inadequate response to ursodeoxycholic acid, despite treatment with ursodeoxycholic acid for at least 52 weeks at a therapeutic dose, prior to initiating treatment with this drug; OR
- Patient must have experienced an intolerance/contraindication to ursodeoxycholic acid of a severity requiring permanent treatment discontinuation, prior to initiating treatment with this drug, **AND**
- Patient must not have/be each of: (i) severe liver disease, (ii) immunocompromised, **AND**
- Patient must have an alkaline phosphatase (ALP) level of at least 1.67 times the upper limit of normal (ULN) prior to initiating treatment with this drug, having accounted for each of: (i) age, (ii) gender, (iii) laboratory to laboratory variances in the definition of 'normal', despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; OR
- Patient must have a total bilirubin level between 1 to 2 times the ULN prior to initiating treatment with this drug, despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; OR
- Patient must have abnormal readings of at least one of: (i) alkaline phosphatase (ii) total bilirubin, in the presence of an intolerance of a severity requiring treatment discontinuation with ursodeoxycholic acid; OR
- Patient must have experienced an intolerance to obeticholic acid of a severity requiring treatment discontinuation, prior to initiating treatment with this drug; OR
- Patient must have inadequately responded to treatment with obeticholic acid, prior to initiating treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Document and retain in the patient's medical records the qualifying baseline laboratory reading for the purpose of assessing response to treatment under the 'Continuing treatment' restriction.

Elafibranor 80 mg tablet, 30

15107D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5969.00	25.00	Iqirvo [IS]

▪ ELAFIBRANOR

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

Note Not for use in the treatment of sclerosing cholangitis.

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

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

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

Note Special Pricing Arrangements apply.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

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

Authority required

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

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

Clinical criteria:

- Patient must have received treatment with this drug for this PBS indication prior to 1 November 2025.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; OR
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid; OR

- Patient must be undergoing treatment with this drug as monotherapy because treatment with ursodeoxycholic acid is not tolerated/contraindicated, **AND**
- Patient must not be undergoing concurrent treatment with obeticholic acid.

Clinical criteria:

- Patient must have experienced an inadequate response to ursodeoxycholic acid, despite treatment with ursodeoxycholic acid for at least 52 weeks at a therapeutic dose, prior to initiating treatment with this drug; OR
- Patient must have experienced an intolerance/contraindication to ursodeoxycholic acid of a severity requiring permanent treatment discontinuation, prior to initiating treatment with this drug, **AND**
- Patient must not have/be each of: (i) severe liver disease, (ii) immunocompromised, **AND**
- Patient must have had, prior to initiating treatment with this drug, an alkaline phosphatase (ALP) level of at least 1.67 times the upper limit of normal (ULN) having accounted for each of: (i) age, (ii) gender, (iii) laboratory to laboratory variances in the definition of 'normal', despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; OR
- Patient must have had, prior to initiating treatment with this drug, a total bilirubin level between 1 to 2 times the ULN, despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; OR
- Patient must have had, prior to initiating treatment with this drug, abnormal readings of at least one of: (i) alkaline phosphatase (ii) total bilirubin, in the presence of an intolerance of a severity requiring treatment discontinuation with ursodeoxycholic acid; OR
- Patient must have experienced an intolerance to obeticholic acid of a severity requiring treatment discontinuation, prior to initiating treatment with this drug; OR
- Patient must have had inadequately responded to treatment with obeticholic acid, prior to initiating treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Document and retain in the patient's medical records the qualifying baseline laboratory reading for the purpose of assessing response to treatment under the 'Continuing treatment' restriction.

Elafibranor 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15084X NP	1	5	..	5969.00	25.00	Iqirvo [IS]

▪ ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.
If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.
Dose modification (where dose escalation occurs during initial treatment)
If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.
If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.
If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.
Continuing treatment (where dose escalation occurs during continuing treatment)
If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.
If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.
Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be ineligible for further PBS-subsidised treatment with this drug for this condition.
Recommencing treatment
Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:
Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. **Adv Ther.** 2022;39(11):5105-5125
The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:
https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Dose modification (Dose escalation from initial treatment phase; for PFIC diagnosed after turning 18 years of age)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have demonstrated an adequate clinical response after at least 1 month and up to 3 months following commencement of treatment at 40 micrograms/kg/day.

Treatment criteria:

- Patient must be undergoing treatment with this drug for this condition at 120 micrograms/kg/day, **AND**
- Must be treated by a specialist hepatologist experienced in the management of progressive familial intrahepatic cholestasis (PFIC); OR
- Must be treated by a medical practitioner under the supervision of a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC).

At the time of the authority application, the prescriber should request sufficient quantity and repeats to provide for the balance to complete up to 6 months of treatment (inclusive of initial and dose modification treatment), if dose modification is being accessed following initial treatment.

An application for continuing treatment must occur following an assessment of response conducted up to a maximum of 6 months from initiation of therapy. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

If a patient fails to demonstrate a response to treatment 6 months after initiating treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

An adequate clinical response under this treatment phase is defined as an average of at least 1 grade improvement in pruritus score on the Prucision^{TM} ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Confirmation of eligibility for dose modification treatment must be documented in the patient's medical records (include assessment of response score after at least 1 month and up to 3 months after commencing initial treatment).

Any further authority applications occurring immediately after access through this dose modification listing are not to occur through the initial treatment listing.

Dose modification

Where the drug's Product Information indicates variable dosing regimens based on the individual's response/tolerance, apply under this listing to continue treatment with the new strength. Mark any remaining repeat prescriptions for the discontinued strength with the word 'cancelled'. This treatment phase listing recognises that a patient's optimal dose may not always be immediately apparent at the time of treatment initiation and therefore does not require confirmation of an objective, adequate response to the preceding supply of drug.

Eligible patients must not be recommencing treatment directly through this treatment phase.

Odevixibat 1.2 mg capsule, 30

15134M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	4	..	*202327.38	25.00	Bylvay [IS]

Odevixibat 200 microgram capsule, 30

15185F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	4	..	*68684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15184E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	4	..	*68407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15194Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	4	..	*203665.32	25.00	Bylvay [IS]

▪ ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.
If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.

Dose modification (where dose escalation occurs during initial treatment)

If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.
If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.
If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

Continuing treatment (where dose escalation occurs during continuing treatment)

If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.
If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.
Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be

ineligible for further PBS-subsidised treatment with this drug for this condition.

Recommencing treatment

Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:
Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. **Adv Ther.** 2022;39(11):5105-5125
The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:
https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Continuing treatment (PFIC diagnosed prior to turning 18 years of age)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate clinical response to the most recent course of treatment; OR
- Patient must be undergoing dose escalation to 120 micrograms/kg/day if they were unable to maintain a previously demonstrated adequate clinical response at 40 micrograms/kg/day in continuing treatment, **AND**
- Patient must not be undergoing treatment with this drug for this condition, where an adequate clinical response was unable to be maintained at 120 micrograms/kg/day.

Treatment criteria:

- Must be treated by a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC), who is either a: (i) gastroenterologist, (ii) hepatologist; OR
- Must be treated by a medical practitioner under the supervision of a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC).

An adequate clinical response under this treatment phase is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Confirmation of eligibility for continuing treatment must be provided with the authority application and documented in the patient's medical records (include assessment of adequate clinical response to preceding supply).

A patient may be eligible for treatment at the higher dose (120 micrograms/kg/day), if a loss of response occurred, or if an adequate response was unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment. To be eligible for continuing treatment at the higher dose (120 micrograms/kg/day), the patient must demonstrate and maintain an adequate clinical response at the higher dose.

Odevixibat 1.2 mg capsule, 30

15165E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*202327.38	25.00	Bylvay [IS]

Odevixibat 200 microgram capsule, 30

15195R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*68684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15151K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*68407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15158T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*203665.32	25.00	Bylvay [IS]

▪ ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.
If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.

Dose modification (where dose escalation occurs during initial treatment)

If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.
If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.
If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this

condition.

Continuing treatment (where dose escalation occurs during continuing treatment)

If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.

If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.

Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be ineligible for further PBS-subsidised treatment with this drug for this condition.

Recommencing treatment

Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:
Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. **Adv Ther.** 2022;39(11):5105-5125
The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:
https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Dose modification (Dose escalation from initial treatment phase; for PFIC diagnosed prior to turning 18 years of age)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have demonstrated an adequate clinical response after at least 1 month and up to 3 months following commencement of treatment at 40 micrograms/kg/day.

Treatment criteria:

- Patient must be undergoing treatment with this drug for this condition at 120 micrograms/kg/day, **AND**
- Must be treated by a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC), who is either a: (i) gastroenterologist, (ii) hepatologist; OR
- Must be treated by a medical practitioner under the supervision of a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC).

At the time of the authority application, the prescriber should request sufficient quantity and repeats to provide for the balance to complete up to 6 months of treatment (inclusive of initial and dose modification treatment), if dose modification is being accessed following initial treatment.

An application for continuing treatment must occur following an assessment of response conducted up to a maximum of 6 months from initiation of therapy. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

If a patient fails to demonstrate a response to treatment 6 months after initiating treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

An adequate clinical response under this treatment phase is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Confirmation of eligibility for dose modification treatment must be documented in the patient's medical records (include assessment of response score after at least 1 month and up to 3 months after commencing initial treatment).

Any further authority applications occurring immediately after access through this dose modification listing are not to occur through the initial treatment listing.

Dose modification

Where the drug's Product Information indicates variable dosing regimens based on the individual's response/tolerance, apply under this listing to continue treatment with the new strength. Mark any remaining repeat prescriptions for the discontinued strength with the word 'cancelled'. This treatment phase listing recognises that a patient's optimal dose may not always be immediately apparent at the time of treatment initiation and therefore does not require confirmation of an objective, adequate response to the preceding supply of drug.

Eligible patients must not be recommencing treatment directly through this treatment phase.

Odevixibat 1.2 mg capsule, 30

15163C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	4	..	*202327.38	25.00	Bylvay [IS]

Odevixibat 200 microgram capsule, 30

15192N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	4	..	*68684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15167G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	4	..	*68407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15193P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	4	..	*203665.32	25.00	Bylvay [IS]

▪ ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.
If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.
Dose modification (where dose escalation occurs during initial treatment)
If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.
If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.
If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.
Continuing treatment (where dose escalation occurs during continuing treatment)
If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.
If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.
Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be ineligible for further PBS-subsidised treatment with this drug for this condition.
Recommencing treatment
Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:
Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. **Adv Ther.** 2022;39(11):5105-5125
The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:
https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority required

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Initial treatment (PFIC diagnosed prior to turning 18 years of age)

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this PBS indication, **AND**
- Patient must have a clinical diagnosis of progressive familial intrahepatic cholestasis (PFIC), **AND**
- Patient must have elevated serum bile acids at treatment initiation with this drug, **AND**
- Patient must be experiencing itch at treatment initiation with this drug, with other factors causing pruritus excluded through both: (i) physical examination, (ii) patient history, **AND**
- Patient must have had an average pruritus score of at least 2 on the Prucision™ ObsRO Pruritus Scale assessed on three occasions over a one-week period prior to treatment initiation with this drug.

Treatment criteria:

- Must be treated by a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC), who is either a: (i) gastroenterologist, (ii) hepatologist.

Population criteria:

- Patient must be aged between 6 months and 17 years inclusive; OR
- Patient must be/have been diagnosed prior to turning 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the pruritus score using the Prucision™ ObsRO Pruritus scale;

(2) details of serum bile acids (date and micromol/L).

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Prescriber must exclude any other causes of pruritus which include any of the following:

(i) drug related (e.g., opioid-related pruritus);

(ii) drug hypersensitivity or adverse effect; contact dermatitis; allergy;

(iii) differential diagnoses (e.g., xerosis; infestations; iron deficiency; chronic kidney disease; polycythaemia vera/leukaemia/lymphoma; hypothyroidism; uncontrolled diabetes, eczema, scabies).

At the time of the authority application, the prescriber should request the appropriate strength(s) and quantity based on the patient's weight, according to the dosing schedule in the TGA-approved Product Information to provide sufficient drug for one month's supply with 2 repeats. A separate authority approval is required for each strength requested.

An application for continuing treatment must occur following an assessment of response conducted up to 3 months of therapy. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An application for dose modification treatment must occur following an assessment of response conducted from 1 month of therapy up to 3 months of therapy. This will enable ongoing treatment for those who meet the dose modification restriction criteria for PBS-subsidised treatment.

If a patient fails to demonstrate a response to treatment with this drug after 1 month, they will be eligible to receive PBS-subsidised treatment at a higher dose with this drug for this condition under the dose modification treatment phase for a maximum of 5 months; annotate any remaining repeat prescriptions with the word 'cancelled' where this occurs within this treatment phase.

All diagnostic reports/tools must be documented in the patient's medical records.

An adequate clinical response to initial treatment is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Eligible patients must not be recommencing treatment directly through this treatment phase.

Odevixibat 1.2 mg capsule, 30

15182C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	2	..	*202327.38	25.00	Bylvay [IS]

Odevixibat 200 microgram capsule, 30

15135N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	2	..	*68684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15183D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	2	..	*68407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15181B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	2	..	*203665.32	25.00	Bylvay [IS]

▪ ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.

If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.

Dose modification (where dose escalation occurs during initial treatment)

If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.

If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.

If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this condition.

Continuing treatment (where dose escalation occurs during continuing treatment)

If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.

If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.

Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be

ineligible for further PBS-subsidised treatment with this drug for this condition.

Recommencing treatment

Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:
Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. **Adv Ther.** 2022;39(11):5105-5125
The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:
https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Continuing treatment (PFIC diagnosed after turning 18 years of age)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate clinical response to the most recent course of treatment; OR
- Patient must be undergoing dose escalation to 120 micrograms/kg/day if they were unable to maintain a previously demonstrated adequate clinical response at 40 micrograms/kg/day in continuing treatment, **AND**
- Patient must not be undergoing treatment with this drug for this condition, where an adequate clinical response was unable to be maintained at 120 micrograms/kg/day.

Treatment criteria:

- Must be treated by a specialist hepatologist experienced in the management of progressive familial intrahepatic cholestasis (PFIC); OR
- Must be treated by a medical practitioner under the supervision of a specialist experienced in the management of progressive familial intrahepatic cholestasis (PFIC).

An adequate clinical response under this treatment phase is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Confirmation of eligibility for continuing treatment must be provided with the authority application and documented in the patient's medical records (include assessment of adequate clinical response to preceding supply).

A patient may be eligible for treatment at the higher dose (120 micrograms/kg/day), if a loss of response occurred, or if an adequate response was unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment. To be eligible for continuing treatment at the higher dose (120 micrograms/kg/day), the patient must demonstrate and maintain an adequate clinical response at the higher dose.

Odevixibat 1.2 mg capsule, 30

15150J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*202327.38	25.00	Bylvay [IS]

Odevixibat 200 microgram capsule, 30

15136P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*68684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

15174P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*68407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

15164D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*203665.32	25.00	Bylvay [IS]

▪ ODEVIXIBAT

Note The recommended dose of odevixibat for initial treatment is 40 micrograms/kg/day. Improvement in pruritus and reduction of serum bile acid levels may occur gradually in some patients after initiating odevixibat therapy.
If an adequate clinical response has been achieved after 3 consecutive months since commencement of treatment, odevixibat should be renewed at 40 micrograms/kg/day through the continuing treatment phase.

Dose modification (where dose escalation occurs during initial treatment)

If an adequate clinical response has not been achieved after at least 1 month and up to 3 months of initial treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the dose modification treatment phase for up to a total period of 6 months from the date of treatment commencement with odevixibat.
If an adequate clinical response is demonstrated following the balance of up to 6 months of treatment at the higher dose of 120 micrograms/kg/day, odevixibat can be renewed at the same dose through the continuing treatment phase.
If a patient fails to demonstrate a response after 6 months of treatment with this drug for this condition (inclusive of initial and dose modification treatment), they will no longer be eligible to receive PBS-subsidised treatment with this drug for this

condition.

Continuing treatment (where dose escalation occurs during continuing treatment)

If an adequate clinical response is unable to be maintained at the lower dose (40 micrograms/kg/day) during continuing treatment, the dose may be increased to 120 micrograms/kg/day (maximum of 7,200 micrograms per day) through the continuing treatment phase.

If an adequate clinical response is demonstrated at the higher dose of 120 micrograms/kg/day, odevixibat can continue to be renewed at the same dose through the continuing treatment phase.

Patients who are unable to demonstrate an adequate clinical response to continuing treatment at the higher dose will be ineligible for further PBS-subsidised treatment with this drug for this condition.

Recommencing treatment

Patients who have demonstrated an adequate clinical response and have ceased treatment for reasons other than a lack of response may recommence treatment through the continuing treatment phase.

Note See the following article for details of the Prucision™ ObsRO Pruritus Scale:
Gwaltney C, Ivanescu C, Karlsson L, Warholic N, Kjems L, Horn P. Validation of the PRUCISION instruments in pediatric patients with progressive familial intrahepatic cholestasis. **Adv Ther.** 2022;39(11):5105-5125
The Prucision™ ObsRO Pruritus Scale is available as a downloadable document at:
https://d2rkmuse97gwnh.cloudfront.net/a88aa6d6-3ca0-4362-a711-d53c45ae33ff/f5ea92bf-e36b-421c-a9fe-af77243f0e42/f5ea92bf-e36b-421c-a9fe-af77243f0e42_source__v.docx

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority required

Progressive familial intrahepatic cholestasis (PFIC)

Treatment Phase: Initial treatment (PFIC diagnosed after turning 18 years of age)

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this PBS indication, **AND**
- Patient must have a clinical diagnosis of progressive familial intrahepatic cholestasis (PFIC), **AND**
- Patient must have elevated serum bile acids at treatment initiation with this drug, **AND**
- Patient must be experiencing itch at treatment initiation with this drug, with other factors causing pruritus excluded through both: (i) physical examination, (ii) patient history, **AND**
- Patient must have had an average pruritus score of at least 2 on the Prucision™ ObsRO Pruritus Scale assessed on three occasions over a one-week period prior to treatment initiation with this drug.

Treatment criteria:

- Must be treated by a specialist hepatologist experienced in the management of progressive familial intrahepatic cholestasis (PFIC).

Population criteria:

- Patient must be/have been diagnosed after turning 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the pruritus score using the Prucision™ ObsRO Pruritus scale;

(2) details of serum bile acids (date and micromol/L).

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Prescriber must exclude any other causes of pruritus which include any of the following:

(i) drug related (e.g., opioid-related pruritus);

(ii) drug hypersensitivity or adverse effect; contact dermatitis; allergy;

(iii) differential diagnoses (e.g., xerosis; infestations; iron deficiency; chronic kidney disease; polycythaemia vera/leukaemia/lymphoma; hypothyroidism; uncontrolled diabetes, eczema, scabies).

At the time of the authority application, the prescriber should request the appropriate strength(s) and quantity based on the patient's weight, according to the dosing schedule in the TGA-approved Product Information to provide sufficient drug for one month's supply with 2 repeats. A separate authority approval is required for each strength requested.

An application for continuing treatment must occur following an assessment of response conducted up to 3 months of therapy. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An application for dose modification treatment must occur following an assessment of response conducted from 1 month of therapy up to 3 months of therapy. This will enable ongoing treatment for those who meet the dose modification restriction criteria for PBS-subsidised treatment.

If a patient fails to demonstrate a response to treatment with this drug after 1 month, they will be eligible to receive PBS-subsidised treatment at a higher dose with this drug for this condition under the dose modification treatment phase for a maximum of 5 months; annotate any remaining repeat prescriptions with the word 'cancelled' where this occurs within this treatment phase.

All diagnostic reports/tools must be documented in the patient's medical records.

An adequate clinical response to initial treatment is defined as an average of at least 1 grade improvement in pruritus score on the Prucision™ ObsRO Pruritus Scale, assessed on 3 occasions over a one-week period prior to assessment of response.

Eligible patients must not be recommencing treatment directly through this treatment phase.

Odevixibat 1.2 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15196T	6	2	..	*202327.38	25.00	Bylvay [IS]

Odevixibat 200 microgram capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15157R	12	2	..	*68684.52	25.00	Bylvay [IS]

Odevixibat 400 microgram capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15186G	6	2	..	*68407.38	25.00	Bylvay [IS]

Odevixibat 600 microgram capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15166F	12	2	..	*203665.32	25.00	Bylvay [IS]

▪ DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Contact laxatives

▪ BISACODYL

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Restricted benefit

Anorectal congenital abnormalities

Restricted benefit

Megacolon

bisacodyl 5 mg enteric tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1259G NP	1	2	..	20.61	22.15	Lax-Tab [AE]

▪ BISACODYL

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Anorectal congenital abnormalities

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Megacolon

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

bisacodyl 5 mg enteric tablet, 200

14446H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*26.86	25.00	Lax-Tab [AE]

▪ BISACODYL

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Constipation

Clinical criteria:

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

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Constipation

Clinical criteria:

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

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Terminal malignant neoplasia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Anorectal congenital abnormalities

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Megacolon

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

bisacodyl 10 mg suppository, 10

1260H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $		Brand Name and Manufacturer
3	5	..	*26.85	25.00	[a]	Petrus Bisacodyl Suppositories [PP]
		[B]1.20	*28.05	25.00	[a]	Dulcolax [VZ]

bisacodyl 10 mg suppository, 12

1258F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	4	..	*25.59	25.00	Petrus Bisacodyl Suppositories [PP]

▪ BISACODYL

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving palliative care.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Terminal malignant neoplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Anorectal congenital abnormalities

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Megacolon

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

bisacodyl 10 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14447J NP	6	5	..	*39.30	25.00	[a] Petrus Bisacodyl Suppositories [PP]
			[B]2.40	*41.70	25.00	[a] Dulcolax [VZ]

bisacodyl 10 mg suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14305X NP	6	4	..	*36.78	25.00	Petrus Bisacodyl Suppositories [PP]

Osmotically acting laxatives

▪ MACROGOL-3350

Restricted benefit

Constipation

Clinical criteria:

- Patient must have malignant neoplasia.

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Chronic constipation

Clinical criteria:

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

Restricted benefit

Faecal impaction

Clinical criteria:

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

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3416T NP	‡1	5	..	23.55	25.00	OsmoLax [KY]

▪ MACROGOL-3350

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have malignant neoplasia.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function, **AND**
- The condition must be unresponsive to other oral therapies.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving palliative care.

Restricted benefit

Chronic constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

Restricted benefit

Faecal impaction

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

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

14341T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*32.74	25.00	OsmoLax [KY]

NP

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

Authority required (STREAMLINED)

18229

Constipation

Clinical criteria:

- Patient must have malignant neoplasia.

Authority required (STREAMLINED)

18312

Constipation

Clinical criteria:

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

Authority required (STREAMLINED)

18414

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Authority required (STREAMLINED)

18374

Chronic constipation

Clinical criteria:

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

Authority required (STREAMLINED)

18415

Faecal impaction

Clinical criteria:

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

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

8612G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	27.86	25.00	[a] APOHEALTH Macrogol with Electrolytes [GX] [a] Chemists' Own Constipation Relief with electrolytes [OW]	[a] APO-MACROGOL plus ELECTROLYTES [TX] [a] Macrovic [RF]

NP

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

Authority required (STREAMLINED)

18416

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have malignant neoplasia.

Authority required (STREAMLINED)

18375

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function, **AND**
- The condition must be unresponsive to other oral therapies.

Authority required (STREAMLINED)

18313

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving palliative care.

Authority required (STREAMLINED)

18314

Chronic constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

Authority required (STREAMLINED)

18376

Faecal impaction

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled with first line interventions such as bulk-forming agents.

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

14408H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*41.36	25.00	[a] APOHEALTH Macrogol with Electrolytes [GX] [a] Chemists' Own Constipation Relief with electrolytes [OW]	[a] APO-MACROGOL plus ELECTROLYTES [TX] [a] Macrovic [RF]

Enemas

▪ CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Restricted benefit

Anorectal congenital abnormalities

Restricted benefit

Megacolon

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

2091C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*37.38	25.00	Micolette [AE]

▪ CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.

Restricted benefit

Constipation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Anorectal congenital abnormalities

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Megacolon

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

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

14534Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	2	..	*60.40	25.00	Micolette [AE]

NP

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS

INTESTINAL ANTIINFECTIVES

Antibiotics

NYSTATIN

nystatin 500 000 units capsule, 50

1699K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.26	24.80	Nilstat [AS]

NP

nystatin 500 000 units capsule, 50

3345C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.26	24.80	Nilstat [AS]

DP

nystatin 500 000 units tablet, 50

1696G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.26	24.80	Nilstat [AS]

NP

nystatin 500 000 units tablet, 50

3342X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.26	24.80	Nilstat [AS]

DP

RIFAXIMIN

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

Authority required

Prevention of hepatic encephalopathy

Treatment criteria:

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

Clinical criteria:

- The treatment must be in combination with lactulose, if lactulose is tolerated, **AND**
- Patient must have had prior episodes of hepatic encephalopathy.

rifaximin 550 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10001J NP	1	5	..	441.00	25.00	Xifaxan [NE]

▪ VANCOMYCIN

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

Authority required

Antibiotic associated pseudomembranous colitis

Clinical criteria:

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

Authority required

Antibiotic associated pseudomembranous colitis

Clinical criteria:

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

vancomycin 125 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3113W NP	2	..	..	*96.12	25.00	[a] Vancocin [AS]	[a] Vancomycin BNM 125mg [BZ]

vancomycin 250 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3114X NP	2	..	..	*181.00	25.00	[a] Vancocin [AS]	[a] Vancomycin BNM 250mg [BZ]

ELECTROLYTES WITH CARBOHYDRATES

Oral rehydration salt formulations

▪ SODIUM CHLORIDE + POTASSIUM CHLORIDE + GLUCOSE + CITRIC ACID

Restricted benefit

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

sodium chloride 470 mg + potassium chloride 300 mg (potassium 4 mmol) + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3196F NP	‡1	..	..	19.07	20.61	O.R.S. [XT]

▪ SODIUM CHLORIDE + POTASSIUM CHLORIDE + GLUCOSE + CITRIC ACID

Authority required

Rehydration in intestinal failure

sodium chloride 470 mg + potassium chloride 300 mg (potassium 4 mmol) + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11049M	30	..	..	*157.74	25.00	O.R.S. [XT]

ANTIPROPULSIVES

Antipropulsives

▪ DIPHENOXYLATE + ATROPINE SULFATE

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2501P NP	1	..	..	17.10	18.64	[a] Lofenoxal [IL]
			[B]3.31	20.41	18.64	[a] Lomotil [IM]

▪ LOPERAMIDE

Authority required (STREAMLINED)

6364

Diarrhoea

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

loperamide hydrochloride 2 mg capsule, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1571Q NP	1	..	..	15.99	17.53	[a] Gastrex [CR]	[a] Gastro-Stop [AS]

▪ LOPERAMIDE

Authority required

Diarrhoea

loperamide hydrochloride 2 mg capsule, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10889D NP	5	..	..	*22.49	24.03	[a] Gastrex [CR]	[a] Gastro-Stop [AS]

INTESTINAL ANTIINFLAMMATORY AGENTS

Corticosteroids acting locally

▪ BUDESONIDE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

budesonide 2 mg/application foam, 2 x 14 applications

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10034D NP	1	3	..	148.52	25.00	Budenofalk [FD]

▪ BUDESONIDE

Authority required (STREAMLINED)

16674

Mild to moderate Crohn disease

Clinical criteria:

- The condition must affect the ileum; OR
- The condition must affect the ascending colon; OR
- The condition must affect the ileum and ascending colon.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

The total duration of therapy should be no more than 12 weeks in any single course.

budesonide 3 mg modified release capsule, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12915R NP	1	2	..	54.88	25.00	Entocort [EU]

▪ BUDESONIDE

Authority required (STREAMLINED)

16695

Mild to moderate Crohn disease

Clinical criteria:

- The condition must affect the ileum; OR
- The condition must affect the ascending colon; OR
- The condition must affect the ileum and ascending colon.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

The total duration of therapy should be no more than 10 weeks in any single course.

budesonide 3 mg enteric capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14571X NP	2	1	..	*66.88	25.00	Budenofalk [FD]

▪ BUDESONIDE

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Subsequent continuing treatment - Maintenance of remission

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have documented evidence of having achieved histologic remission while receiving Initial and First continuing PBS-subsidised treatment with this drug for this condition, defined as a peak eosinophil count of less than 5 eosinophils per high power field (hpf), corresponding to less than 16 eosinophils per mm^2 hpf on oesophageal biopsy, **AND**
- The condition must not have progressed while being treated with this drug.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) gastroenterologist, (ii) surgeon experienced in the management of patients with eosinophilic oesophagitis, (iii) physician experienced in the management of patients with eosinophilic oesophagitis, (iv) a prescriber who is not any of the aforementioned prescriber types, but who has consulted at least one of the aforementioned prescriber types.

Histologic assessment should be based on the peak eosinophils count derived, where necessary, from the evaluation of at least eight oesophageal biopsies (minimum of four collected from each of the mid and distal segments, with the distal segment biopsies taken at least 5 cm above the gastroesophageal junction).

The histologic assessment should, where possible, be performed by, or in consultation with, the same physician or surgeon who confirmed the patient's diagnosis of eosinophilic oesophagitis. This assessment must be conducted within 48 weeks of initiating treatment to determine the patient's eligibility for continuing treatment. The histologic assessment should be conducted no later than 2 weeks prior to the patient completing the PBS-subsidised First continuing treatment course to avoid an interruption of supply for continuing therapy. Where a histologic assessment is not undertaken, the patient will not be eligible for ongoing treatment.

The result of the histological assessment must be documented in the patient's medical records.

First application for the subsequent continuing treatment of this condition must be received within 12 weeks of the histologic assessment.

budesonide 1 mg orally disintegrating tablet, 60

12982G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	403.61	25.00	Jorveza [FD]

budesonide 500 microgram orally disintegrating tablet, 60

12987M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	403.61	25.00	Jorveza [FD]

▪ BUDESONIDE

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment - Induction of remission

Clinical criteria:

- Patient must have a history of symptoms of oesophageal dysfunction, **AND**
- Patient must have eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy confirming the presence of at least 15 eosinophils in at least one high power field (hpf); corresponding to approximately 60 eosinophils per mm^2 hpf, **AND**
- Patient must not receive more than 90 days of treatment under this restriction.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) gastroenterologist, (ii) surgeon experienced in the management of patients with eosinophilic oesophagitis, (iii) physician experienced in the management of patients with eosinophilic oesophagitis.

Applications for treatment of this condition must be received within 12 weeks of biopsy.

Symptoms of oesophageal dysfunction include at least one of the following: dysphasia, odynophagia, transient or self-cleared food impaction, chest pain, epigastric discomfort, vomiting/regurgitation.

Diagnostic sensitivity increases with the number of biopsies and can be optimised, where necessary, by taking at least eight biopsies (minimum of four collected from each of the mid and distal segments, with the distal segment biopsies taken at least 5 cm above the gastroesophageal junction).

After prescribing the Initial induction treatment with budesonide, a histologic assessment must be conducted within 48 weeks of initiating treatment to determine the patient's eligibility for continuing therapy.

The histologic assessment should be conducted no later than 2 weeks prior to completing the PBS-subsidised First continuing maintenance treatment course to avoid an interruption of supply for continuing therapy.

budesonide 1 mg orally disintegrating tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12994X	1	1	..	600.74	25.00	Jorveza [FD]

▪ BUDESONIDE

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Eosinophilic oesophagitis

Treatment Phase: First continuing treatment - until remission is confirmed

Clinical criteria:

- Patient must have previously received PBS-subsidised initial treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- Patient must not receive more than 36 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) gastroenterologist, (ii) surgeon experienced in the management of patients with eosinophilic oesophagitis, (iii) physician experienced in the management of patients with eosinophilic oesophagitis, (iv) a prescriber who is not any of the aforementioned prescriber types, but who has consulted at least one of the aforementioned prescriber types.

Histologic assessment should be based on the peak eosinophils count derived, where necessary, from the evaluation of at least eight oesophageal biopsies (minimum of four collected from each of the mid and distal segments, with the distal segment biopsies taken at least 5 cm above the gastroesophageal junction).

The histologic assessment should, where possible, be performed by, or in consultation with, the same physician or surgeon who confirmed the patient's diagnosis of eosinophilic oesophagitis. This assessment must be conducted within 48 weeks of initiating treatment to determine the patient's eligibility for continuing treatment. The histologic assessment should be conducted no later than 2 weeks prior to the patient completing the PBS-subsidised First continuing treatment course to avoid an interruption of supply for continuing therapy. Where a histologic assessment is not undertaken, the patient will not be eligible for ongoing treatment.

The result of the histological assessment must be documented in the patient's medical records.

First application for the subsequent continuing treatment of this condition must be received within 12 weeks of the histologic assessment.

budesonide 1 mg orally disintegrating tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13711P NP	1	8	..	403.61	25.00	Jorveza [FD]

budesonide 500 microgram orally disintegrating tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13719C NP	1	8	..	403.61	25.00	Jorveza [FD]

▪ PREDNISOLONE SODIUM PHOSPHATE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1920C NP	4	3	..	*178.20	25.00	Predsol [AS]

▪ PREDNISOLONE SODIUM PHOSPHATE

Restricted benefit

Proctitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Ulcerative colitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

prednisolone (as sodium phosphate) 5 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2554K NP	3	3	..	*40.83	25.00	Predsol [AS]

Aminosalicylic acid and similar agents

▪ BALSALAZIDE

Note Not for the treatment of Crohn disease

Authority required (STREAMLINED)

16658

Ulcerative colitis

Clinical criteria:

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

balsalazide sodium 750 mg capsule, 280

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11351K NP	1	5	..	154.84	25.00	Colazide [PK]

▪ BALSALAZIDE

Note Not for the treatment of Crohn disease

Authority required (STREAMLINED)

16551

Ulcerative colitis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had a documented hypersensitivity reaction to a sulphonamide; OR
- Patient must be intolerant to sulfasalazine.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

balsalazide sodium 750 mg capsule, 280

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13484Q NP	2	5	..	*300.32	25.00	Colazide [PK]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

Restricted benefit

Ulcerative colitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1.6 g enteric tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12463Y NP	2	4	..	*150.24	25.00	Asacol [EU]

mesalazine 1.5 g modified release granules, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9206M NP	1	5	..	99.92	25.00	Salofalk [FD]

mesalazine 500 mg modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8598M NP	2	5	..	*120.58	25.00	Salofalk [FD]

mesalazine 800 mg enteric tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11210B NP	1	5	..	78.05	25.00	Asacol [EU]

mesalazine 1 g modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8599N NP	1	5	..	113.39	25.00	Salofalk [FD]

mesalazine 4 g modified release granules, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10254Q NP	1	5	..	126.66	25.00	Pentasa [FP]

mesalazine 3 g modified release granules, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10257W NP	1	5	..	99.92	25.00	Salofalk [FD]

▪ MESALAZINE

Restricted benefit

Ulcerative colitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Crohn disease

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 2 g modified release granules, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2287J NP	1	5	..	126.66	25.00	Pentasa [FP]

mesalazine 1 g enteric tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11554D NP	2	5	..	*134.78	25.00	Salofalk [FD]

mesalazine 1 g modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3413P NP	2	5	..	*134.14	25.00	Pentasa [FP]

mesalazine 250 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1611T NP	1	5	..	45.06	25.00	Mesasal [GO]

mesalazine 1 g modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12203G NP	1	5	..	105.07	25.00	Pentasa [FP]

mesalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8731M NP	2	5	..	*120.58	25.00	Salofalk [FD]

mesalazine 500 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2214M NP	2	5	..	*120.58	25.00	Pentasa [FP]

▪ MESALAZINE

Restricted benefit

Ulcerative colitis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Crohn disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 2 g modified release granules, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13397D NP	2	5	..	*243.96	25.00	Pentasa [FP]

mesalazine 1 g enteric tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13394Y NP	4	5	..	*260.20	25.00	Salofalk [FD]

mesalazine 1 g modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13576M NP	4	5	..	*258.92	25.00	Pentasa [FP]

mesalazine 250 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13423L NP	2	5	..	*75.76	25.00	Mesasal [GO]

mesalazine 1 g modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13355X NP	2	5	..	*199.86	25.00	Pentasa [FP]

mesalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13362G NP	4	5	..	*231.80	25.00	Salofalk [FD]

mesalazine 500 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13396C NP	4	5	..	*231.80	25.00	Pentasa [FP]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

Restricted benefit

Ulcerative colitis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1.6 g enteric tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13395B NP	4	4	..	*291.12	25.00	Asacol [EU]

mesalazine 1.5 g modified release granules, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13460K NP	2	5	..	*189.04	25.00	Salofalk [FD]

mesalazine 500 mg modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13361F NP	4	5	..	*231.80	25.00	Salofalk [FD]

mesalazine 800 mg enteric tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13422K NP	2	5	..	*143.10	25.00	Asacol [EU]

mesalazine 1 g modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13398E NP	2	5	..	*217.32	25.00	Salofalk [FD]

mesalazine 4 g modified release granules, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13456F NP	2	5	..	*243.96	25.00	Pentasa [FP]

mesalazine 3 g modified release granules, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13518L NP	2	5	..	*189.04	25.00	Salofalk [FD]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

Note Pharmaceutical benefits that have form pack size mesalazine 1.2 g modified release tablet, 60 and mesalazine 1.2 g modified release tablet, 120 are equivalent for the purposes of substitution.

Restricted benefit

Ulcerative colitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1.2 g modified release tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13247F NP	1	5	..	169.54	25.00	[a] MESALZ [RA]

mesalazine 1.2 g modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9353G NP	2	5	..	*169.52	25.00	[a] Mesalazine 1.2 TAKEDA [NQ] [a] MEZTAS [TN]	[a] Mezavant [TK]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

Note Pharmaceutical benefits that have form pack size mesalazine 1.2 g modified release tablet, 60 and mesalazine 1.2 g modified release tablet, 120 are equivalent for the purposes of substitution.

Restricted benefit

Ulcerative colitis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1.2 g modified release tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13356Y NP	2	5	..	*329.72	25.00	[a] MESALZ [RA]

mesalazine 1.2 g modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13487W NP	4	5	..	*329.68	25.00	[a] Mesalazine 1.2 TAKEDA [NQ] [a] MEZTAS [TN]	[a] Mezavant [TK]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

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

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

Restricted benefit

Mild to moderate ulcerative proctitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1 g suppository, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5461K NP	1	5	..	98.14	25.00	Salofalk [FD]

mesalazine 1 g suppository, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12198B NP	1	5	..	81.95	25.00	Pentasa [FP]

▪ MESALAZINE

Note Not for the treatment of Crohn disease
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Mild to moderate ulcerative proctitis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

mesalazine 1 g suppository, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14843F NP	2	5	..	*185.30	25.00	Salofalk [FD]

mesalazine 1 g suppository, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14850N NP	2	5	..	*151.30	25.00	Pentasa [FP]

▪ MESALAZINE

Note Not for the treatment of Crohn disease
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16632

Mild to moderate ulcerative colitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8753Q NP	4	5	..	*210.00	25.00	Pentasa [FP]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8616L NP	4	5	..	*210.00	25.00	Salofalk [FD]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8617M NP	4	5	..	*323.20	25.00	Salofalk [FD]

mesalazine 1 g/application foam, 14 applications

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8768L NP	4	5	..	*241.52	25.00	Salofalk [FD]

▪ MESALAZINE

Note Not for the treatment of Crohn disease
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16656

Mild to moderate ulcerative colitis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14848L NP	8	5	..	*410.60	25.00	Pentasa [FP]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14838Y NP	8	5	..	*410.60	25.00	Salofalk [FD]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14847K NP	8	5	..	*637.00	25.00	Salofalk [FD]

mesalazine 1 g/application foam, 14 applications

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14840C NP	8	5	..	*473.72	25.00	Salofalk [FD]

▪ OLSALAZINE

Note Not for the treatment of Crohn disease

Authority required (STREAMLINED)

16658

Ulcerative colitis

Clinical criteria:

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

olsalazine sodium 250 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1728Y NP	1	5	..	45.00	25.00	Dipentum [IX]

olsalazine sodium 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8086N NP	1	5	..	68.34	25.00	Dipentum [IX]

▪ SULFASALAZINE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sulfasalazine 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2093E NP	2	5	..	*52.54	25.00	Salazopyrin [PF]

sulfasalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2096H NP	2	5	..	*56.40	25.00	[a] Pyralin EN [FZ]
			[B]3.88	*60.28	25.00	[a] Salazopyrin-EN [PF]

▪ SULFASALAZINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sulfasalazine 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13557M NP	4	5	..	*90.72	25.00	Salazopyrin [PF]

sulfasalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13433B NP	4	5	..	*98.44	25.00	[a] Pyralin EN [FZ]
			[B]7.76	*106.20	25.00	[a] Salazopyrin-EN [PF]

▪ DIGESTIVES, INCL. ENZYMES

DIGESTIVES, INCL. ENZYMES

Enzyme preparations

▪ PANCREATIC EXTRACT

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

pancreatic extract 35 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12595X NP	2	10	..	*158.14	25.00	Creon 35,000 [GO]

pancreatic extract 10 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8020D NP	5	10	..	*142.69	25.00	Creon 10,000 [GO]

pancreatic extract 25 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8021E NP	2	10	..	*115.66	25.00	Creon 25,000 [GO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5453B NP	3	10	..	*111.33	25.00	Creon Micro [GO]

▪ PANCREATIC EXTRACT

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

pancreatic extract 35 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13407P NP	4	10	..	*306.92	25.00	Creon 35,000 [GO]

pancreatic extract 10 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13560Q NP	10	10	..	*276.04	25.00	Creon 10,000 [GO]

pancreatic extract 25 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13470Y NP	4	10	..	*221.96	25.00	Creon 25,000 [GO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13375Y NP	6	10	..	*213.00	25.00	Creon Micro [GO]

▪ DRUGS USED IN DIABETES

INSULINS AND ANALOGUES

Insulins and analogues for injection, fast-acting

▪ INSULIN ASPART

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

12254Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*163.64	25.00	NovoRapid FlexPen [NF]

NP

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

8571D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	2	..	*99.49	25.00	NovoRapid [NO]

NP

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

8435Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*163.64	25.00	NovoRapid Penfill 3 mL [NO]

NP

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

13651L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*163.64	25.00	Fiasp Penfill [NO]

NP

▪ INSULIN GLULISINE

insulin glulisine 100 units/mL injection, 5 x 3 mL pen devices

12268Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*163.69	25.00	Apidra SoloStar [SW]

NP

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

1921D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*163.69	25.00	Apidra [AV]

NP

▪ INSULIN LISPRO

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

8084L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	2	..	*99.49	25.00	Humalog [LY]

NP

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

8212F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*163.64	25.00	Humalog [LY]

NP

insulin lispro 100 units/mL injection, 5 x 3 mL pen devices

12237C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*163.64	25.00	Humalog KwikPen [KP]

NP

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

11645X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*260.04	25.00	Humalog U200 Kwikpen [LY]

NP

▪ INSULIN NEUTRAL HUMAN

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

1531N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	2	..	*85.24	25.00	Actrapid [NO]	Humulin R [LY]

NP

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

1762R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	1	..	*137.99	25.00	Actrapid Penfill 3 mL [NO]	Humulin R [LY]

NP

Insulins and analogues for injection, intermediate-acting

▪ INSULIN ISOPHANE HUMAN

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

1533Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	2	..	*85.24	25.00	Humulin NPH [LY]	Protaphane [NO]

NP

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

1761Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	1	..	*137.99	25.00	Humulin NPH [LY]	Protaphane Penfill 3 mL [NO]

NP

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

▪ INSULIN ASPART + INSULIN ASPART PROTAMINE

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8609D NP	5	1	..	*163.64	25.00	NovoMix 30 Penfill 3 mL [NO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12238D NP	5	1	..	*163.64	25.00	NovoMix 30 FlexPen [NF]

▪ INSULIN DEGLUDEC + INSULIN ASPART

Note Special Pricing Arrangements apply.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11426J NP	5	1	..	*370.79	25.00	Ryzodeg Penfill [NO]

▪ INSULIN LISPRO + INSULIN LISPRO PROTAMINE

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12234X NP	5	1	..	*163.64	25.00	Humalog Mix25 KwikPen [KP]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12261H NP	5	1	..	*163.64	25.00	Humalog Mix50 KwikPen [KP]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8390N NP	5	1	..	*163.64	25.00	Humalog Mix25 [LY]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8874C NP	5	1	..	*163.64	25.00	Humalog Mix50 [LY]

▪ INSULIN NEUTRAL HUMAN + INSULIN ISOPHANE HUMAN

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1426C NP	5	2	..	*85.24	25.00	Humulin 30/70 [LY]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1763T NP	5	1	..	*137.99	25.00	Humulin 30/70 [LY]

Insulins and analogues for injection, long-acting

▪ INSULIN DEGLUDEC

Note Special Pricing Arrangements apply.

Restricted benefit
Type 1 diabetes

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15393E NP	5	1	..	*370.79	25.00	Tresiba Penfill [NO]

▪ INSULIN DETEMIR

Note Special Pricing Arrangements apply.

Restricted benefit
Type 1 diabetes

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9040T NP	5	1	..	*346.74	25.00	Levemir Penfill [NO]

insulin detemir 100 units/mL injection, 5 x 3 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12236B NP	5	1	..	*346.74	25.00	Levemir FlexPen [NF]

▪ INSULIN GLARGINE

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9039R NP	5	1	..	*182.99	25.00	Optisulin [GZ]

insulin glargine 100 units/mL injection, 5 x 3 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11815W NP	5	1	..	*182.99	25.00	Optisulin SoloStar [WA]

▪ INSULIN GLARGINE

Note Special Pricing Arrangements apply.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11308E NP	5	1	..	*249.44	25.00	Toujeo Solostar [SW]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11302W NP	5	1	..	*409.39	25.00	Toujeo Solostar [SW]

BLOOD GLUCOSE LOWERING DRUGS, EXCL. INSULINS

Biguanides

▪ METFORMIN

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

metformin hydrochloride 1 g tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8607B NP MW	1	5	..	18.60	20.14	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 1000 mg [BG]
						[a] Diaformin 1000 [AF]	[a] Diaformin Viatris [MQ]
						[a] Formet 1000 [RW]	[a] Glucobete 1000 [ZS]
						[a] Metformin GH [HQ]	[a] Metformin Sandoz [SZ]
						[a] METFORMIN-WGR [WG]	
			[B]4.68	23.28	20.14	[a] Diabex 1000 [AL]	

metformin hydrochloride 1 g modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3439B NP MW	1	5	..	18.60	20.14	[a] APO-Metformin XR 1000 [TX]	[a] Blooms Metformin XR [BG]
						[a] Diaformin Alphapharm XR [MQ]	[a] Diaformin XR 1000 [AF]
						[a] METEX XR [RF]	[a] Metformin Lupin XR [GQ]
						[a] Metformin Sandoz XR [SZ]	[a] METFORMIN-WGR XR [WG]
						[a] Pharmacor Metformin XR [CR]	
			[B]5.12	23.72	20.14	[a] Diabex XR 1000 [AL]	

metformin hydrochloride 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2430X NP MW	1	5	..	17.60	19.14	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 500 mg [BG]
						[a] Diaformin [AF]	[a] Diaformin Viatris [MQ]
						[a] FORMET 500 [RF]	[a] Glucobete 500 [ZS]
						[a] Metformin GH [HQ]	[a] Metformin Sandoz [SZ]
						[a] METFORMIN-WGR [WG]	
			[B]5.20	22.80	19.14	[a] Diabex [AL]	

metformin hydrochloride 500 mg modified release tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9435N NP MW	1	5	..	18.60	20.14	[a] APO-Metformin XR 500 [TX]	[a] Blooms Metformin XR [BG]
						[a] Diaformin Alphapharm XR [MQ]	[a] Metex XR [RW]
						[a] Metformin Lupin XR [GQ]	[a] Metformin Sandoz XR [SZ]
						[a] METFORMIN-WGR XR [WG]	[a] Pharmacor Metformin XR [CR]
			[B]5.12	23.72	20.14	[a] Diabex XR 500 [AL]	

metformin hydrochloride 850 mg tablet, 60

1801T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	5	..	17.60	19.14	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 850 mg [BG]
						[a] Diaformin 850 [AF]	[a] Diaformin Viatris [MQ]
						[a] FORMET 850 [RF]	[a] Glucobete 850 [ZS]
						[a] Metformin Sandoz [SZ]	[a] METFORMIN-WGR [WG]
			[B]5.20	22.80	19.14	[a] Diabex 850 [AL]	

▪ METFORMIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

metformin hydrochloride 1 g tablet, 90

14056T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 1000 mg [BG]
						[a] Diaformin 1000 [AF]	[a] Diaformin Viatris [MQ]
						[a] Formet 1000 [RW]	[a] Glucobete 1000 [ZS]
						[a] Metformin GH [HQ]	[a] Metformin Sandoz [SZ]
						[a] METFORMIN-WGR [WG]	
			[B]9.36	*32.20	24.38	[a] Diabex 1000 [AL]	

metformin hydrochloride 1 g modified release tablet, 60

13847T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Metformin XR 1000 [TX]	[a] Blooms Metformin XR [BG]
						[a] Diaformin Alphapharm XR [MQ]	[a] Diaformin XR 1000 [AF]
						[a] METEX XR [RF]	[a] Metformin Lupin XR [GQ]
						[a] Metformin Sandoz XR [SZ]	[a] METFORMIN-WGR XR [WG]
						[a] Pharmacor Metformin XR [CR]	
			[B]10.24	*33.08	24.38	[a] Diabex XR 1000 [AL]	

metformin hydrochloride 500 mg tablet, 100

13976N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.84	22.38	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 500 mg [BG]
						[a] Diaformin [AF]	[a] Diaformin Viatris [MQ]
						[a] FORMET 500 [RF]	[a] Glucobete 500 [ZS]
						[a] Metformin GH [HQ]	[a] Metformin Sandoz [SZ]
						[a] METFORMIN-WGR [WG]	
			[B]10.40	*31.24	22.38	[a] Diabex [AL]	

metformin hydrochloride 500 mg modified release tablet, 120

13899M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Metformin XR 500 [TX]	[a] Blooms Metformin XR [BG]
						[a] Diaformin Alphapharm XR [MQ]	[a] Metex XR [RW]
						[a] Metformin Lupin XR [GQ]	[a] Metformin Sandoz XR [SZ]
						[a] METFORMIN-WGR XR [WG]	[a] Pharmacor Metformin XR [CR]
			[B]10.24	*33.08	24.38	[a] Diabex XR 500 [AL]	

metformin hydrochloride 850 mg tablet, 60

13952H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.84	22.38	[a] APX-METFORMIN [TY]	[a] Blooms The Chemist Metformin 850 mg [BG]
						[a] Diaformin 850 [AF]	[a] Diaformin Viatris [MQ]
						[a] FORMET 850 [RF]	[a] Glucobete 850 [ZS]
						[a] Metformin Sandoz [SZ]	[a] METFORMIN-WGR [WG]
			[B]10.40	*31.24	22.38	[a] Diabex 850 [AL]	

Sulfonylureas

▪ GLIBENCLAMIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glibenclamide 5 mg tablet, 100

2939Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	18.10	19.64	Daonil [SW]

▪ GLIBENCLAMIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

glibenclamide 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13868X NP	2	5	..	*21.84	23.38	Daonil [SW]

▪ GLICLAZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

gliclazide 30 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8535F NP	1	5	..	19.51	21.05	[a] APO-Gliclazide MR [TX] [a] Gliclazide Sandoz MR [SZ]	[a] Gliclazide MR Viatris [AL] [a] Pharmacor Gliclazide MR [CR]

gliclazide 60 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9302N NP	1	5	..	18.52	20.06	[a] ARDIX GLICLAZIDE 60mg MR [XT] [a] Gliclazide Sandoz MR [SZ]	[a] Gliclazide Lupin MR [GQ] [a] Pharmacor Gliclazide MR [CR]
			[B]9.58	28.10	20.06	[a] Diamicron 60mg MR [SE]	

gliclazide 80 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2449X NP	1	5	..	19.37	20.91	[a] APX-Gliclazide [TY]	[a] Nidem [RW]

▪ GLICLAZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

gliclazide 30 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14740T NP	2	5	..	*24.66	25.00	[a] APO-Gliclazide MR [TX] [a] Gliclazide Sandoz MR [SZ]	[a] Gliclazide MR Viatris [AL] [a] Pharmacor Gliclazide MR [CR]

gliclazide 60 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13922R NP	2	5	..	*22.68	24.22	[a] ARDIX GLICLAZIDE 60mg MR [XT] [a] Gliclazide Sandoz MR [SZ]	[a] Gliclazide Lupin MR [GQ] [a] Pharmacor Gliclazide MR [CR]
			[B]19.16	*41.84	24.22	[a] Diamicron 60mg MR [SE]	

gliclazide 80 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13896J NP	2	5	..	*24.38	25.00	[a] APX-Gliclazide [TY]	[a] Nidem [RW]

▪ GLIMEPIRIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glimepiride 1 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8450R NP	1	5	..	17.10	18.64	[a] ARX-GLIMEPIRIDE [XT] [a] GLIMEPIRIDE-WGR [WG]	[a] Glimepiride Sandoz [SZ]

glimepiride 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8451T NP	1	5	..	17.10	18.64	[a] ARX-GLIMEPIRIDE [XT] [a] GLIMEPIRIDE-WGR [WG]	[a] Glimepiride Sandoz [SZ]

glimepiride 3 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8533D NP	1	5	..	17.29	18.83	[a] ARX-GLIMEPIRIDE [XT] [a] GLIMEPIRIDE-WGR [WG]	[a] Glimepiride Sandoz [SZ]

glimepiride 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8452W NP	1	5	..	17.80	19.34	[a] ARX-GLIMEPIRIDE [XT] [a] GLIMEPIRIDE-WGR [WG]	[a] Glimepiride Sandoz [SZ]

▪ GLIMEPIRIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

glimepiride 1 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13848W NP	2	5	..	*19.84	21.38	[a] ARX-GLIMEPIRIDE [XT] [a] GLIMEPIRIDE-WGR [WG]	[a] Glimepiride Sandoz [SZ]

glimepiride 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13870B NP	2	5	..	*19.84	21.38	[a] ARX-GLIMEPIRIDE [XT] [a] GLIMEPIRIDE-WGR [WG]	[a] Glimepiride Sandoz [SZ]

glimepiride 3 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14020X NP	2	5	..	*20.22	21.76	[a] ARX-GLIMEPIRIDE [XT] [a] GLIMEPIRIDE-WGR [WG]	[a] Glimepiride Sandoz [SZ]

glimepiride 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14055R NP	2	5	..	*21.24	22.78	[a] ARX-GLIMEPIRIDE [XT] [a] GLIMEPIRIDE-WGR [WG]	[a] Glimepiride Sandoz [SZ]

▪ GLIPIZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glipizide 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2440K NP	1	5	..	20.85	22.39	[a] Melizide [AF]	[a] Minidiab [PF]

▪ GLIPIZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

glipizide 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14019W NP	2	5	..	*27.34	25.00	[a] Melizide [AF]	[a] Minidiab [PF]

Combinations of oral blood glucose lowering drugs

▪ ALOGLIPTIN + METFORMIN

Note Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15276

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

alogliptin 12.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10035E NP	1	5	..	54.40	25.00	Nesina Met 12.5/1000 [TK]

alogliptin 12.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10033C NP	1	5	..	53.09	25.00	Nesina Met 12.5/500 [TK]

alogliptin 12.5 mg + metformin hydrochloride 850 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10032B NP	1	5	..	54.03	25.00	Nesina Met 12.5/850 [TK]

▪ ALOGLIPTIN + METFORMIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15288

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

alogliptin 12.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13989G NP	2	5	..	*94.44	25.00	Nesina Met 12.5/1000 [TK]

alogliptin 12.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14062D NP	2	5	..	*91.82	25.00	Nesina Met 12.5/500 [TK]

alogliptin 12.5 mg + metformin hydrochloride 850 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14061C NP	2	5	..	*93.70	25.00	Nesina Met 12.5/850 [TK]

▪ DAPAGLIFLOZIN + METFORMIN

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

16158

Diabetes mellitus type 2

Clinical criteria:

- Patient must have cardiovascular disease; OR
- Patient must be at high risk of a cardiovascular event; OR
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.
High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority required (STREAMLINED)

15289

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10510E NP	1	5	..	54.32	25.00	Xigduo XR 5/1000 [AP]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10515K NP	1	5	..	53.06	25.00	Xigduo XR 10/1000 [AP]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10516L NP	1	5	..	52.29	25.00	Xigduo XR 10/500 [AP]

▪ DAPAGLIFLOZIN + METFORMIN

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

16162

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have cardiovascular disease; OR
- Patient must be at high risk of a cardiovascular event; OR
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.
High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority required (STREAMLINED)

15267

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13851B NP	2	5	..	*94.28	25.00	Xigduo XR 5/1000 [AP]

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

13875G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*91.76	25.00	Xigduo XR 10/1000 [AP]

NP

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

14028H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*90.22	25.00	Xigduo XR 10/500 [AP]

NP

▪ DAPAGLIFLOZIN + SITAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

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

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

Authority required (STREAMLINED)

15269

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with at least metformin, **AND**
- The condition must be inadequately responsive to dual therapy consisting of metformin with either: a DDP-4 inhibitor, an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor, another DPP4 inhibitor.

Dapagliflozin 10 mg + sitagliptin 100 mg tablet, 28

14638K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	66.10	25.00	Sidapvia 10/100 [AP]

NP

▪ DAPAGLIFLOZIN + SITAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

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

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

Authority required (STREAMLINED)

15270

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with at least metformin, **AND**
- The condition must be inadequately responsive to dual therapy consisting of metformin with either: a DDP-4 inhibitor, an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor, another DPP4 inhibitor.

Dapagliflozin 10 mg + sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14645T NP	2	5	..	*118.02	25.00	Sidapvia 10/100 [AP]

▪ EMPAGLIFLOZIN + LINAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15269

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with at least metformin, **AND**
- The condition must be inadequately responsive to dual therapy consisting of metformin with either: a DDP-4 inhibitor, an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor, another DPP4 inhibitor.

empagliflozin 10 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11269D NP	1	5	..	76.64	25.00	Glyxambi [BY]

empagliflozin 25 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11303X NP	1	5	..	76.64	25.00	Glyxambi [BY]

▪ EMPAGLIFLOZIN + LINAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15270

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with at least metformin, **AND**
- The condition must be inadequately responsive to dual therapy consisting of metformin with either: a DDP-4 inhibitor, an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor, another DPP4 inhibitor.

empagliflozin 10 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13904T NP	2	5	..	*140.14	25.00	Glyxambi [BY]

empagliflozin 25 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13958P NP	2	5	..	*140.14	25.00	Glyxambi [BY]

▪ EMPAGLIFLOZIN + METFORMIN

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

16158

Diabetes mellitus type 2

Clinical criteria:

- Patient must have cardiovascular disease; OR
- Patient must be at high risk of a cardiovascular event; OR
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.
High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority required (STREAMLINED)

15289

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

empagliflozin 5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10626G NP	1	5	..	55.56	25.00	Jardiamet 5 mg/500 mg [BY]

empagliflozin 5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10627H NP	1	5	..	56.95	25.00	Jardiamet 5 mg/1000 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10633P NP	1	5	..	55.56	25.00	Jardiamet 12.5 mg/500 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10677Y NP	1	5	..	56.95	25.00	Jardiamet 12.5 mg/1000 mg [BY]

▪ EMPAGLIFLOZIN + METFORMIN

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

16162

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have cardiovascular disease; OR

- Patient must be at high risk of a cardiovascular event; OR
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.
High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority required (STREAMLINED)

15267

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

empagliflozin 5 mg + metformin hydrochloride 500 mg tablet, 60

14029J

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*96.76	25.00	Jardiamet 5 mg/500 mg [BY]

empagliflozin 5 mg + metformin hydrochloride 1 g tablet, 60

13852C

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*99.54	25.00	Jardiamet 5 mg/1000 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 500 mg tablet, 60

13903R

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*96.76	25.00	Jardiamet 12.5 mg/500 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 1 g tablet, 60

13987E

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*99.54	25.00	Jardiamet 12.5 mg/1000 mg [BY]

▪ LINAGLIPTIN + METFORMIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15276

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

linagliptin 2.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10038H NP	1	5	..	56.32	25.00	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10045Q NP	1	5	..	57.13	25.00	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10044P NP	1	5	..	57.59	25.00	Trajentamet [BY]

▪ LINAGLIPTIN + METFORMIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15288

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

linagliptin 2.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13959Q NP	2	5	..	*98.28	25.00	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14065G NP	2	5	..	*99.90	25.00	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13879L NP	2	5	..	*100.82	25.00	Trajentamet [BY]

▪ SAXAGLIPTIN + METFORMIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15276

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

saxagliptin 5 mg + metformin hydrochloride 500 mg modified release tablet, 28

10055F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	52.47	25.00	Kombiglyze XR 5/500 [AP]

saxagliptin 5 mg + metformin hydrochloride 1 g modified release tablet, 28

10051B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	53.24	25.00	Kombiglyze XR 5/1000 [AP]

saxagliptin 2.5 mg + metformin hydrochloride 1 g modified release tablet, 56

10048W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	54.42	25.00	Kombiglyze XR 2.5/1000 [AP]

▪ SAXAGLIPTIN + METFORMIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15288

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

saxagliptin 5 mg + metformin hydrochloride 500 mg modified release tablet, 28

14030K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*90.58	25.00	Kombiglyze XR 5/500 [AP]

saxagliptin 5 mg + metformin hydrochloride 1 g modified release tablet, 28

13876H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*92.12	25.00	Kombiglyze XR 5/1000 [AP]

saxagliptin 2.5 mg + metformin hydrochloride 1 g modified release tablet, 56

13880M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*94.48	25.00	Kombiglyze XR 2.5/1000 [AP]

▪ SITAGLIPTIN + METFORMIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15276

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

sitagliptin 100 mg + metformin hydrochloride 1 g modified release tablet, 28

10089B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	45.11	25.00	[a] Janumet XR [XW]	[a] Sitagliptin/Metformin Sandoz XR [SZ]
					[a] Sitagliptin/Metformin XR KND [CR]	[a] Sitagliptin/Metformin XR Mylan [AL]

sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

9451K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	36.59	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/1000 [BG]	[a] Janumet [XW]
					[a] SITAGLIPTIN/METFORMIN 50/1000 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/1000 [AF]
					[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
					[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

9449H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.56	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/500 [BG]	[a] Janumet [XW]
					[a] SITAGLIPTIN/METFORMIN 50/500 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/500 [AF]
					[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
					[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

9450J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	36.27	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/850 [BG]	[a] Janumet [XW]
					[a] SITAGLIPTIN/METFORMIN 50/850 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/850 [AF]
					[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
					[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

10090C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	46.14	25.00	[a] Janumet XR [XW]	[a] Sitagliptin/Metformin Sandoz XR [SZ]
					[a] Sitagliptin/Metformin XR KND [CR]	[a] Sitagliptin/Metformin XR Mylan [AL]

▪ SITAGLIPTIN + METFORMIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15288

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

sitagliptin 100 mg + metformin hydrochloride 1 g modified release tablet, 28

14031L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*75.86	25.00	[a] Janumet XR [XW]	[a] Sitagliptin/Metformin Sandoz XR [SZ]
					[a] Sitagliptin/Metformin XR KND [CR]	[a] Sitagliptin/Metformin XR Mylan [AL]

sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

14035Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*58.82	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/1000 [BG]	[a] Janumet [XW]
					[a] SITAGLIPTIN/METFORMIN 50/1000 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/1000 [AF]
					[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
					[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

13994M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*56.76	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/500 [BG]	[a] Janumet [XW]
					[a] SITAGLIPTIN/METFORMIN 50/500 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/500 [AF]
					[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
					[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

14064F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*58.18	25.00	[a] Blooms The Chemist Sitagliptin/Metformin 50/850 [BG]	[a] Janumet [XW]
					[a] SITAGLIPTIN/METFORMIN 50/850 SUN [RA]	[a] Sitagliptin/Metformin Mylan 50/850 [AF]
					[a] Sitagliptin/Metformin Sandoz [SZ]	[a] SITAGLO-MET [CR]
					[a] Velmetia [XT]	

sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

13990H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*77.92	25.00	[a] Janumet XR [XW]	[a] Sitagliptin/Metformin Sandoz XR [SZ]
					[a] Sitagliptin/Metformin XR KND [CR]	[a] Sitagliptin/Metformin XR Mylan [AL]

▪ VILDAGLIPTIN + METFORMIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15276

Diabetes mellitus type 2

Clinical criteria:

- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

vildagliptin 50 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5476F NP	1	5	..	41.97	25.00	[a] ARX-Vildagliptin/Metformin 50/1000 [XT]	[a] Galvumet 50/1000 [NV]

vildagliptin 50 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5474D NP	1	5	..	41.04	25.00	[a] ARX-Vildagliptin/Metformin 50/500 [XT]	[a] Galvumet 50/500 [NV]

vildagliptin 50 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5475E NP	1	5	..	41.64	25.00	[a] ARX-Vildagliptin/Metformin 50/850 [XT]	[a] Galvumet 50/850 [NV]

▪ VILDAGLIPTIN + METFORMIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15288

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately responsive to metformin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

vildagliptin 50 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14032M NP	2	5	..	*69.58	25.00	[a] ARX-Vildagliptin/Metformin 50/1000 [XT]	[a] Galvumet 50/1000 [NV]

vildagliptin 50 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13877J NP	2	5	..	*67.72	25.00	[a] ARX-Vildagliptin/Metformin 50/500 [XT]	[a] Galvumet 50/500 [NV]

vildagliptin 50 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13991J NP	2	5	..	*68.92	25.00	[a] ARX-Vildagliptin/Metformin 50/850 [XT]	[a] Galvumet 50/850 [NV]

Alpha glucosidase inhibitors

▪ ACARBOSE

acarbose 100 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8189B NP	1	5	..	34.27	25.00	[a] Acarbose Viatris [AL]	[a] GLYBOSAY [RW]

acarbose 50 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8188Y NP	1	5	..	28.42	25.00	[a] Acarbose Viatris [AL]	[a] GLYBOSAY [RW]

▪ ACARBOSE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

acarbose 100 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13869Y NP	2	5	..	*54.18	25.00	[a] Acarbose Viatris [AL]	[a] GLYBOSAY [RW]

acarbose 50 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13955L NP	2	5	..	*42.48	25.00	[a] Acarbose Viatris [AL]	[a] GLYBOSAY [RW]

Thiazolidinediones

▪ PIOGLITAZONE

Restricted benefit

Diabetes mellitus type 2

pioglitazone 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8694N NP	1	5	..	20.81	22.35	[a] ARX-PIOGLITAZONE [XT]	[a] Vexazone [AF]

pioglitazone 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8695P NP	1	5	..	24.28	25.00	[a] Actos [GQ] [a] Vexazone [AF]	[a] ARX-PIOGLITAZONE [XT]

pioglitazone 45 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8696Q NP	1	5	..	27.26	25.00	[a] ARX-PIOGLITAZONE [XT]	[a] Vexazone [AF]

Pioglitazone 15 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15261F NP	‡1	5	..	21.26	22.80	Actos [GQ]

Pioglitazone 30 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15223F NP	‡1	5	..	24.99	25.00	Actos [GQ]

Pioglitazone 45 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15222E NP	‡1	5	..	28.18	25.00	Actos [GQ]

▪ PIOGLITAZONE

Restricted benefit

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pioglitazone 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13898L NP	2	5	..	*27.26	25.00	[a] ARX-PIOGLITAZONE [XT]	[a] Vexazone [AF]

pioglitazone 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13921Q NP	2	5	..	*34.20	25.00	[a] Actos [GQ] [a] Vexazone [AF]	[a] ARX-PIOGLITAZONE [XT]

pioglitazone 45 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14057W NP	2	5	..	*40.16	25.00	[a] ARX-PIOGLITAZONE [XT]	[a] Vexazone [AF]

Pioglitazone 15 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15236X NP	2	5	..	*28.16	25.00	Actos [GQ]

Pioglitazone 30 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15267M NP	2	5	..	*35.62	25.00	Actos [GQ]

Pioglitazone 45 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15229M NP	2	5	..	*42.00	25.00	Actos [GQ]

Dipeptidyl peptidase 4 (DPP-4) inhibitors

▪ ALOGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15261

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

alogliptin 6.25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2944Y NP	1	5	..	51.70	25.00	Nesina [TK]

alogliptin 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2933J NP	1	5	..	51.70	25.00	Nesina [TK]

alogliptin 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2986E NP	1	5	..	51.70	25.00	Nesina [TK]

▪ ALOGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15287

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

alogliptin 6.25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13897K NP	2	5	..	*89.04	25.00	Nesina [TK]

alogliptin 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13977P NP	2	5	..	*89.04	25.00	Nesina [TK]

alogliptin 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13953J NP	2	5	..	*89.04	25.00	Nesina [TK]

▪ LINAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15261

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3387G NP	1	5	..	54.37	25.00	Trajenta [BY]

▪ LINAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15287

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13954K NP	2	5	..	*94.38	25.00	Trajenta [BY]

▪ SAXAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15261

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

saxagliptin 2.5 mg tablet, 28

10128C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	51.70	25.00	Onglyza [AP]

saxagliptin 5 mg tablet, 28

8983T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	51.70	25.00	Onglyza [AP]

▪ SAXAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15287

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

saxagliptin 2.5 mg tablet, 28

13895H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*89.04	25.00	Onglyza [AP]

saxagliptin 5 mg tablet, 28

13923T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*89.04	25.00	Onglyza [AP]

▪ SITAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in

more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15261

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

sitagliptin 100 mg tablet, 28

9182G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	31.55	25.00	[a] Januvia [XW] [a] Sitagliptin Mylan [AF] [a] Sitagliptin SUN [RA] [a] Xelevia [XT]	[a] Sitagliptin Lupin [GQ] [a] Sitagliptin Sandoz Pharma [SZ] [a] Sitaglo [CR]

sitagliptin 25 mg tablet, 28

9180E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	31.55	25.00	[a] Januvia [XW] [a] Sitagliptin Mylan [AF] [a] Sitagliptin SUN [RA] [a] Xelevia [XT]	[a] Sitagliptin Lupin [GQ] [a] Sitagliptin Sandoz Pharma [SZ] [a] Sitaglo [CR]

sitagliptin 50 mg tablet, 28

9181F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	31.55	25.00	[a] Januvia [XW] [a] Sitagliptin Mylan [AF] [a] Sitagliptin SUN [RA] [a] Xelevia [XT]	[a] Sitagliptin Lupin [GQ] [a] Sitagliptin Sandoz Pharma [SZ] [a] Sitaglo [CR]

▪ SITAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15287

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

sitagliptin 100 mg tablet, 28

13871C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*48.74	25.00	[a] Januvia [XW] [a] Sitagliptin Mylan [AF] [a] Sitagliptin SUN [RA] [a] Xelevia [XT]	[a] Sitagliptin Lupin [GQ] [a] Sitagliptin Sandoz Pharma [SZ] [a] Sitaglo [CR]

sitagliptin 25 mg tablet, 28

14021Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*48.74	25.00	[a] Januvia [XW] [a] Sitagliptin Mylan [AF] [a] Sitagliptin SUN [RA] [a] Xelevia [XT]	[a] Sitagliptin Lupin [GQ] [a] Sitagliptin Sandoz Pharma [SZ] [a] Sitaglo [CR]

sitagliptin 50 mg tablet, 28

14058X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*48.74	25.00	[a] Januvia [XW] [a] Sitagliptin Mylan [AF] [a] Sitagliptin SUN [RA] [a] Xelevia [XT]	[a] Sitagliptin Lupin [GQ] [a] Sitagliptin Sandoz Pharma [SZ] [a] Sitaglo [CR]

▪ VILDAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15261

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

vildagliptin 50 mg tablet, 60

3415R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	40.98	25.00	Galvus [NV]

▪ VILDAGLIPTIN

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

15287

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.

vildagliptin 50 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13846R NP	2	5	..	*67.60	25.00	Galvus [NV]

Glucagon-like peptide-1 (GLP-1) analogues

▪ DULAGLUTIDE

Note Special Pricing Arrangements apply.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Note Where an SGLT2 inhibitor is being accessed through a PBS indication other than diabetes, the clinical criterion excluding concomitant treatment with an SGLT2 inhibitor is in relation to diabetes mellitus type 2 only.

Authority required (STREAMLINED)

15263

Diabetes mellitus type 2

Treatment Phase: Subsequent PBS-prescriptions for any GLP-1 receptor agonist

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for type 2 diabetes mellitus with any of: an SGLT2 inhibitor, a DPP4 inhibitor, another GLP-1 receptor agonist.

dulaglutide 1.5 mg/0.5 mL injection, 4 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14150R NP	1	5	..	131.40	25.00	Trulicity [LY]

▪ DULAGLUTIDE

Note Special Pricing Arrangements apply.

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Note Where an SGLT2 inhibitor is being accessed through a PBS indication other than diabetes, the clinical criterion excluding concomitant treatment with an SGLT2 inhibitor is in relation to diabetes mellitus type 2 only.

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

Authority required

Diabetes mellitus type 2

Treatment Phase: First PBS-prescription for this drug

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin, **AND**
- Patient must not have achieved a clinically meaningful glycaemic response with an SGLT2 inhibitor; OR
- Patient must have a contraindication/intolerance requiring treatment discontinuation of an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for type 2 diabetes mellitus with any of: an SGLT2 inhibitor, a DPP4 inhibitor, another GLP-1 receptor agonist.

dulaglutide 1.5 mg/0.5 mL injection, 4 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11364D NP	1	5	..	131.40	25.00	Trulicity [LY]

▪ SEMAGLUTIDE

Note Special Pricing Arrangements apply.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Note Where an SGLT2 inhibitor is being accessed through a PBS indication other than diabetes, the clinical criterion excluding concomitant treatment with an SGLT2 inhibitor is in relation to diabetes mellitus type 2 only.

Authority required (STREAMLINED)

15263

Diabetes mellitus type 2

Treatment Phase: Subsequent PBS-prescriptions for any GLP-1 receptor agonist

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for type 2 diabetes mellitus with any of: an SGLT2 inhibitor, a DPP4 inhibitor, another GLP-1 receptor agonist.

semaglutide 1.34 mg/mL injection, 1 x 3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14163K NP	‡1	5	..	131.40	25.00	Ozempic [NO]

semaglutide 0.68 mg/mL injection, 1 x 3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14846J NP	1	5	..	131.40	25.00	Ozempic [NO]

▪ SEMAGLUTIDE

Note Special Pricing Arrangements apply.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Note Where an SGLT2 inhibitor is being accessed through a PBS indication other than diabetes, the clinical criterion excluding concomitant treatment with an SGLT2 inhibitor is in relation to diabetes mellitus type 2 only.

Authority required (STREAMLINED)

18495

Diabetes mellitus type 2

Treatment Phase: Subsequent PBS-prescriptions for any GLP-1 receptor agonist

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for type 2 diabetes mellitus with any of: an SGLT2 inhibitor, a DPP4 inhibitor, another GLP-1 receptor agonist.

semaglutide 1.34 mg/mL injection, 1 x 3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15322K NP	2	5	..	*253.44	25.00	Ozempic [NO]

semaglutide 0.68 mg/mL injection, 1 x 3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15311W NP	2	5	..	*253.44	25.00	Ozempic [NO]

▪ SEMAGLUTIDE

Note Special Pricing Arrangements apply.

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Note Where an SGLT2 inhibitor is being accessed through a PBS indication other than diabetes, the clinical criterion excluding concomitant treatment with an SGLT2 inhibitor is in relation to diabetes mellitus type 2 only.

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

Authority required

Diabetes mellitus type 2

Treatment Phase: First PBS-prescription for this drug

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin, **AND**
- Patient must not have achieved a clinically meaningful glycaemic response with an SGLT2 inhibitor; OR
- Patient must have a contraindication/intolerance requiring treatment discontinuation of an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for type 2 diabetes mellitus with any of: an SGLT2 inhibitor, a DPP4 inhibitor, another GLP-1 receptor agonist.

semaglutide 1.34 mg/mL injection, 1 x 3 mL pen device

12075M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	131.40	25.00	Ozempic [NO]

semaglutide 0.68 mg/mL injection, 1 x 3 mL pen device

14844G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	131.40	25.00	Ozempic [NO]

Sodium-glucose co-transporter 2 (SGLT2) inhibitors

▪ DAPAGLIFLOZIN

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

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

Authority required (STREAMLINED)

15047

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

dapagliflozin 10 mg tablet, 28

12823X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	52.35	25.00	Forxiga [AP]

▪ DAPAGLIFLOZIN

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

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

Authority required (STREAMLINED)

18624

Chronic kidney disease

Clinical criteria:

- Patient must have a diagnosis of chronic kidney disease, defined as abnormalities of at least one of: (i) kidney structure, (ii) kidney function, present for at least 3 months, prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 20 to 90 mL/min/1.73 m^2 inclusive prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 45 to 90 mL/min/1.73 m^2 inclusive, with a urinary albumin to creatinine ratio of at least 200 mg/g (22.6 mg/mmol) prior to initiating treatment with this drug; OR
- Patient must have an estimated glomerular filtration rate of between 20 to 45 mL/min/1.73 m^2 inclusive, with any level of urinary albumin to creatinine ratio prior to initiating treatment with this drug, **AND**
- Patient must discontinue treatment with this drug prior to initiating renal replacement therapy, defined as dialysis or kidney transplant, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must be stabilised, for at least 4 weeks, on either: (i) an ACE inhibitor or (ii) an angiotensin II receptor antagonist, unless medically contraindicated, prior to initiation of combination therapy with this drug.

Patients with polycystic kidney disease, lupus nephritis or ANCA-associated vasculitis; patients requiring or with a recent history of cytotoxic or immunosuppressive therapy for kidney disease; and patients with an organ transplant are not eligible for treatment with this drug.

dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13106T NP	1	5	..	52.35	25.00	Forxiga [AP]

▪ DAPAGLIFLOZIN

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

Authority required (STREAMLINED)

15051

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14054Q NP	2	5	..	*90.34	25.00	Forxiga [AP]

▪ DAPAGLIFLOZIN

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

Authority required (STREAMLINED)

18623

Chronic kidney disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a diagnosis of chronic kidney disease, defined as abnormalities of at least one of: (i) kidney structure, (ii) kidney function, present for at least 3 months, prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 20 to 90 mL/min/1.73 m^2 inclusive prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 45 to 90 mL/min/1.73 m^2 inclusive, with a urinary albumin to creatinine ratio of at least 200 mg/g (22.6 mg/mmol) prior to initiating treatment with this drug; OR
- Patient must have an estimated glomerular filtration rate of between 20 to 45 mL/min/1.73 m^2 inclusive, with any level of urinary albumin to creatinine ratio prior to initiating treatment with this drug, **AND**
- Patient must discontinue treatment with this drug prior to initiating renal replacement therapy, defined as dialysis or kidney transplant, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must be stabilised, for at least 4 weeks, on either: (i) an ACE inhibitor or (ii) an angiotensin II receptor antagonist, unless medically contraindicated, prior to initiation of combination therapy with this drug.

Patients with polycystic kidney disease, lupus nephritis or ANCA-associated vasculitis; patients requiring or with a recent history of cytotoxic or immunosuppressive therapy for kidney disease; and patients with an organ transplant are not eligible for treatment with this drug.

dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15257B NP	2	5	..	*90.34	25.00	Forxiga [AP]

▪ DAPAGLIFLOZIN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14471
Chronic heart failure
Clinical criteria:
- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of greater than 40%, **AND**
- Patient must have documented evidence of structural changes in the heart on echocardiography that would be expected to cause diastolic dysfunction (e.g. left ventricular hypertrophy), **AND**
- Patient must have documented evidence of at least one of the following: (i) diastolic dysfunction with high filling pressure on echocardiography, stress echocardiography or cardiac catheterisation; (ii) hospitalisation for heart failure in the 12 months prior to initiating treatment with this drug; (iii) requirement for intravenous diuretic therapy in the 12 months prior to initiating treatment with this drug; (iv) elevated N-terminal pro brain natriuretic peptide (NT-proBNP) levels in the absence of another cause, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

dapagliflozin 10 mg tablet, 28

14073Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	52.35	25.00	Forxiga [AP]

▪ DAPAGLIFLOZIN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
18113
Chronic heart failure
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of greater than 40%, **AND**
- Patient must have documented evidence of structural changes in the heart on echocardiography that would be expected to cause diastolic dysfunction (e.g. left ventricular hypertrophy), **AND**
- Patient must have documented evidence of at least one of the following: (i) diastolic dysfunction with high filling pressure on echocardiography, stress echocardiography or cardiac catheterisation; (ii) hospitalisation for heart failure in the 12 months prior to initiating treatment with this drug; (iii) requirement for intravenous diuretic therapy in the 12 months prior to initiating treatment with this drug; (iv) elevated N-terminal pro brain natriuretic peptide (NT-proBNP) levels in the absence of another cause, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

dapagliflozin 10 mg tablet, 28

15353C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*90.34	25.00	Forxiga [AP]

▪ DAPAGLIFLOZIN

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)
16220
Diabetes mellitus type 2
Clinical criteria:
- The treatment must be in combination with metformin; unless contraindicated/intolerant, **AND**
- Patient must have cardiovascular disease; OR
- Patient must be at high risk of a cardiovascular event; OR
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:
- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.
High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority required (STREAMLINED)
15311
Diabetes mellitus type 2
Clinical criteria:
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

dapagliflozin 10 mg tablet, 28

10011X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	52.35	25.00	Forxiga [AP]

▪ DAPAGLIFLOZIN

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

16164

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with metformin; unless contraindicated/intolerant, **AND**
- Patient must have cardiovascular disease; OR
- Patient must be at high risk of a cardiovascular event; OR
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.
High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority required (STREAMLINED)

15265

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

dapagliflozin 10 mg tablet, 28

13844P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*90.34	25.00	Forxiga [AP]

▪ EMPAGLIFLOZIN

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

Authority required (STREAMLINED)

15047

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**

- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

empagliflozin 10 mg tablet, 30

12918X

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	55.06	25.00	Jardiance [BY]

▪ EMPAGLIFLOZIN

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

Authority required (STREAMLINED)

18624

Chronic kidney disease

Clinical criteria:

- Patient must have a diagnosis of chronic kidney disease, defined as abnormalities of at least one of: (i) kidney structure, (ii) kidney function, present for at least 3 months, prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 20 to 90 mL/min/1.73 m^2 inclusive prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 45 to 90 mL/min/1.73 m^2 inclusive, with a urinary albumin to creatinine ratio of at least 200 mg/g (22.6 mg/mmol) prior to initiating treatment with this drug; OR
- Patient must have an estimated glomerular filtration rate of between 20 to 45 mL/min/1.73 m^2 inclusive, with any level of urinary albumin to creatinine ratio prior to initiating treatment with this drug, **AND**
- Patient must discontinue treatment with this drug prior to initiating renal replacement therapy, defined as dialysis or kidney transplant, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must be stabilised, for at least 4 weeks, on either: (i) an ACE inhibitor or (ii) an angiotensin II receptor antagonist, unless medically contraindicated, prior to initiation of combination therapy with this drug.

Patients with polycystic kidney disease, lupus nephritis or ANCA-associated vasculitis; patients requiring or with a recent history of cytotoxic or immunosuppressive therapy for kidney disease; and patients with an organ transplant are not eligible for treatment with this drug.

empagliflozin 10 mg tablet, 30

14092Q

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	55.06	25.00	Jardiance [BY]

▪ EMPAGLIFLOZIN

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

Authority required (STREAMLINED)

15051

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

empagliflozin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14018T NP	2	5	..	*95.76	25.00	Jardiance [BY]

▪ EMPAGLIFLOZIN

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

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

Authority required (STREAMLINED)

18623

Chronic kidney disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a diagnosis of chronic kidney disease, defined as abnormalities of at least one of: (i) kidney structure, (ii) kidney function, present for at least 3 months, prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 20 to 90 mL/min/1.73 m^2 inclusive prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of between 45 to 90 mL/min/1.73 m^2 inclusive, with a urinary albumin to creatinine ratio of at least 200 mg/g (22.6 mg/mmol) prior to initiating treatment with this drug; OR
- Patient must have an estimated glomerular filtration rate of between 20 to 45 mL/min/1.73 m^2 inclusive, with any level of urinary albumin to creatinine ratio prior to initiating treatment with this drug, **AND**
- Patient must discontinue treatment with this drug prior to initiating renal replacement therapy, defined as dialysis or kidney transplant, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must be stabilised, for at least 4 weeks, on either: (i) an ACE inhibitor or (ii) an angiotensin II receptor antagonist, unless medically contraindicated, prior to initiation of combination therapy with this drug.

Patients with polycystic kidney disease, lupus nephritis or ANCA-associated vasculitis; patients requiring or with a recent history of cytotoxic or immunosuppressive therapy for kidney disease; and patients with an organ transplant are not eligible for treatment with this drug.

empagliflozin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15253T NP	2	5	..	*95.76	25.00	Jardiance [BY]

▪ EMPAGLIFLOZIN

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14471

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of greater than 40%, **AND**
- Patient must have documented evidence of structural changes in the heart on echocardiography that would be expected to cause diastolic dysfunction (e.g. left ventricular hypertrophy), **AND**
- Patient must have documented evidence of at least one of the following: (i) diastolic dysfunction with high filling pressure on echocardiography, stress echocardiography or cardiac catheterisation; (ii) hospitalisation for heart failure in the 12 months prior to initiating treatment with this drug; (iii) requirement for intravenous diuretic therapy in the 12 months prior to initiating treatment with this drug; (iv) elevated N-terminal pro brain natriuretic peptide (NT-proBNP) levels in the absence of another cause, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

empagliflozin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13695T NP	1	5	..	55.06	25.00	Jardiance [BY]

▪ EMPAGLIFLOZIN

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18113

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV prior to initiating treatment with this drug, **AND**

- Patient must have a documented left ventricular ejection fraction (LVEF) of greater than 40%, **AND**
- Patient must have documented evidence of structural changes in the heart on echocardiography that would be expected to cause diastolic dysfunction (e.g. left ventricular hypertrophy), **AND**
- Patient must have documented evidence of at least one of the following: (i) diastolic dysfunction with high filling pressure on echocardiography, stress echocardiography or cardiac catheterisation; (ii) hospitalisation for heart failure in the 12 months prior to initiating treatment with this drug; (iii) requirement for intravenous diuretic therapy in the 12 months prior to initiating treatment with this drug; (iv) elevated N-terminal pro brain natriuretic peptide (NT-proBNP) levels in the absence of another cause, **AND**
- Patient must not be receiving treatment with another sodium-glucose co-transporter 2 (SGLT2) inhibitor.

empagliflozin 10 mg tablet, 30

15252R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*95.76	25.00	Jardiance [BY]

▪ EMPAGLIFLOZIN

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

16220

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; unless contraindicated/intolerant, **AND**
- Patient must have cardiovascular disease; OR
- Patient must be at high risk of a cardiovascular event; OR
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.
High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority required (STREAMLINED)

15311

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

empagliflozin 10 mg tablet, 30

10206E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	55.06	25.00	Jardiance [BY]

empagliflozin 25 mg tablet, 30

10202Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	55.27	25.00	Jardiance [BY]

▪ EMPAGLIFLOZIN

Note Abbreviations used in the restriction are as follows:
SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')
DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')
GLP-1 - glucagon-like peptide-1 receptor agonist

Authority required (STREAMLINED)

16164

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with metformin; unless contraindicated/intolerant, **AND**
- Patient must have cardiovascular disease; OR
- Patient must be at high risk of a cardiovascular event; OR
- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment for this condition with any of: (i) a GLP-1 receptor agonist, (ii) another SGLT2 inhibitor.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au.
High cardiovascular risk is defined as an estimated risk of a cardiovascular event of at least 10% over 5 years.

Authority required (STREAMLINED)

15265

Diabetes mellitus type 2

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin, **AND**
- The condition must be inadequately responsive to at least one of: metformin, a sulfonylurea, insulin.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor.

Note Definition:
A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.
Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:
(a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
(b) Red cell transfusion within the previous 3 months.
Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

empagliflozin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13845Q NP	2	5	..	*95.76	25.00	Jardiance [BY]

empagliflozin 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13920P NP	2	5	..	*96.18	25.00	Jardiance [BY]

VITAMINS

VITAMIN A AND D, INCL. COMBINATIONS OF THE TWO

Vitamin D and analogues

CALCITRIOL

Authority required (STREAMLINED)

5401

Hypocalcaemia

Clinical criteria:

- The condition must be due to renal disease.

Authority required (STREAMLINED)

5255

Hypoparathyroidism

Authority required (STREAMLINED)

5089

Hypophosphataemic rickets

Authority required (STREAMLINED)

5114

Vitamin D-resistant rickets

Authority required (STREAMLINED)

5402

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2502Q NP	1	3	..	29.99	25.00	[a] Calciprox [ZS] [a] Sical [AF]	[a] CALITROL [XT]
			[B]2.23	32.22	25.00	[a] Rocaltrol [IX]	

▪ CALCITRIOL

Authority required (STREAMLINED)

14322

Hypocalcaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be due to renal disease.

Authority required (STREAMLINED)

14287

Hypoparathyroidism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14231

Hypophosphataemic rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14296

Vitamin D-resistant rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14259

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13457G NP	2	3	..	*45.62	25.00	[a] Calciprox [ZS] [a] Sical [AF]	[a] CALITROL [XT]
			[B]4.46	*50.08	25.00	[a] Rocaltrol [IX]	

VITAMIN B1, PLAIN AND IN COMBINATION WITH VITAMIN B6 AND B12

Vitamin B1, plain

▪ THIAMINE

Authority required (STREAMLINED)

5139

Thiamine deficiency

Clinical criteria:

- The treatment must be for prophylaxis.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

thiamine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1070H NP	1	2	..	18.22	19.76	Betavit [PP]

▪ THIAMINE

Authority required (STREAMLINED)

14319

Thiamine deficiency

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for prophylaxis.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

thiamine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13354W NP	2	2	..	*22.08	23.62	Betavit [PP]

▪ MINERAL SUPPLEMENTS

CALCIUM

Calcium

▪ CALCIUM

Authority required (STREAMLINED)

4586

Hyperphosphataemia

Clinical criteria:

- The condition must be associated with chronic renal failure.

calcium carbonate 1.5 g (calcium 600 mg) tablet, 240

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3117C NP	1	1	..	25.17	25.00	Calci-Tab 600 [AE]

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11726E NP	2	1	..	*29.96	25.00	Cal-500 [PP]

▪ CALCIUM

Authority required (STREAMLINED)

14228

Hyperphosphataemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be associated with chronic renal failure.

calcium carbonate 1.5 g (calcium 600 mg) tablet, 240

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13547B NP	2	1	..	*35.98	25.00	Calci-Tab 600 [AE]

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13485R NP	4	1	..	*45.56	25.00	Cal-500 [PP]

POTASSIUM

Potassium

▪ POTASSIUM CHLORIDE

potassium chloride 600 mg (potassium 8 mmol) modified release tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1841X NP	1	1	..	30.29	25.00	Span-K [AS]

▪ POTASSIUM CHLORIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

potassium chloride 600 mg (potassium 8 mmol) modified release tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13357B NP	2	1	..	*46.22	25.00	Span-K [AS]

▪ POTASSIUM CHLORIDE + POTASSIUM BICARBONATE + POTASSIUM CARBONATE

potassium chloride 595 mg + potassium bicarbonate 384 mg + potassium carbonate 152 mg (total potassium 14 mmol) effervescent tablet, 60

3012M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	34.18	25.00	Chlorvescent [AS]

▪ POTASSIUM CHLORIDE + POTASSIUM BICARBONATE + POTASSIUM CARBONATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

potassium chloride 595 mg + potassium bicarbonate 384 mg + potassium carbonate 152 mg (total potassium 14 mmol) effervescent tablet, 60

13486T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*54.00	25.00	Chlorvescent [AS]

OTHER MINERAL SUPPLEMENTS

Magnesium

▪ MAGNESIUM

Authority required (STREAMLINED)

5506

Hypomagnesaemia

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required (STREAMLINED)

5466

Chronic renal disease

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

magnesium 37.4 mg tablet, 50

5146W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.92	21.46	MagMin (PBS) [BB]	Mag-Sup [PP]

▪ OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

Amino acids and derivatives

▪ BETAINE

Authority required

Homocystinuria

Clinical criteria:

- The treatment must be as adjunctive therapy to current standard care, **AND**
- The condition must be treated by or in consultation with a metabolic physician.

The name of the specialist must be included in the authority application.

betaine 1 g/g powder for oral liquid, 180 g

10119N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	507.69	25.00	Cystadane [RJ]

Various alimentary tract and metabolism products

▪ GIVOSIRAN

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic treatment of Acute Hepatic Porphyria (AHP)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a confirmed diagnosis of AHP based on clinical features, **AND**
- Patient must have a previous result that showed a 4 times greater than the upper limit of normal (ULN) on one of the following tests: (i) urinary porphobilinogen, (ii) plasma porphobilinogen, (iii) delta-aminolevulinic acid, **AND**
- Patient must have had at least 2 porphyria attacks (requiring hospitalisation, presentation at an emergency department, or medical intervention via a porphyria clinic) within the 6 months prior to: (i) commencement of this drug; or (ii) prophylactic treatment with gonadotropin-releasing hormone analogues or hemin, **AND**
- Patient must not have previously undergone a liver transplant, **AND**
- The treatment must be initiated under the supervision of a healthcare professional experienced in the management of porphyria.

Population criteria:

- Patient must be at least 12 years of age.

For the purposes of administering this restriction, clinical features to confirm a diagnosis of AHP can include but are not limited to acute attacks of: abdominal, back, chest, extremities, and/or limb pain.

At the time of the authority application, prescribers should request the appropriate number of vials for a single dose based on the patient's weight, as per the TGA-approved Product Information.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) The baseline number of porphyria attacks within a defined 6-month period [dates of the 6-month period must be included].

(2) Pathology measurements that indicate 4 times greater than the ULN of one of the following tests:

(i) urinary porphobilinogen;

(ii) plasma porphobilinogen;

(iii) delta-aminolevulinic acid.

Date of pathology report and unique identifying number/code that links the pathology result to the individual patient must be included.

(3) Current weight of the patient.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Authority required

Chronic treatment of Acute Hepatic Porphyria (AHP)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must demonstrate improvement in the frequency or severity of AHP attacks from baseline while on treatment with this drug.

Treatment criteria:

- Must be treated by a healthcare professional experienced in the management of porphyria or in consultation with a healthcare professional experienced in the management of porphyria.

Clinical criteria:

- Patient must not have previously undergone a liver transplant.

Population criteria:

- Patient must be at least 12 years of age.

The number of AHP attacks while on treatment must be documented in the patient's medical records.

At the time of the authority application, prescribers should request the appropriate number of vials for a single dose based on the patient's weight, as per the TGA-approved Product Information.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

givosiran 189 mg/mL injection, 1 mL vial

15289Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*164300.92	25.00	Givlaari [WM]

▪ LUMASIRAN

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

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

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority required

Primary hyperoxaluria type 1

Treatment Phase: Initial treatment - loading dose

Clinical criteria:

- The condition must be primary hyperoxaluria type 1 confirmed by genetic testing, **AND**
- Patient must have undergone treatment with pyridoxine therapy; OR
- Patient must have a PH1 allele that is considered not responsive to pyridoxine therapy; OR
- Patient must be contraindicated for pyridoxine therapy as determined by the treating or consulting clinician, **AND**
- Patient must have urinary oxalate greater than or equal to 0.70 mmol/24 h/1.73 m^2 measured by mean 24-h urinary oxalate excretion from a valid 24-h urine collection; OR
- Patient must have urinary oxalate:creatinine ratio greater than the upper limit of normal based on age on at least two of three single-void collections during screening; OR
- Patient must have clinical symptoms indicative of hyperoxaluria, such as (i) nephrocalcinosis; (ii) renal stones; (iii) renal impairment; (iv) systemic oxalosis, **AND**
- Patient must not have previously undergone liver transplant for primary hyperoxaluria type 1.

Treatment criteria:

- Must be treated by a nephrologist with experience in the management of hyperoxaluria; OR
- Must be treated by a paediatrician with experience in the management of hyperoxaluria; OR
- Must be treated by an authorised prescriber in consultation with one of the above specialty types.

At the time of the authority application, prescribers should request the appropriate number of vials based on the patient's weight, as per the TGA approved Product Information. Up to 2 repeats may be requested for initial treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Lumasiran 94.5 mg/0.5 mL injection, 0.5 mL vial

15052F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡5	2	..	*491157.19	25.00	Oxlumo [WM]

▪ LUMASIRAN

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Primary hyperoxaluria type 1

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must continue to demonstrate clinical benefit as assessed by the treating physician, **AND**
- Patient must not have previously undergone liver transplant for primary hyperoxaluria type 1.

Treatment criteria:

- Must be treated by a nephrologist with experience in the management of hyperoxaluria; OR
- Must be treated by a paediatrician with experience in the management of hyperoxaluria; OR
- Must be treated by an authorised prescriber in consultation with one of the above specialty types.

At the time of the authority application, prescribers should request the appropriate number of vials based on the patient's weight, as per the TGA approved Product Information. Up to 1 repeat may be requested for continuing treatment.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Authority required

Primary hyperoxaluria type 1

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

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 October 2025, **AND**
- The condition must be primary hyperoxaluria type 1 confirmed by genetic testing, **AND**
- Patient must have undergone treatment with pyridoxine therapy prior to commencing non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have a PH1 allele that is considered not responsive to pyridoxine therapy; OR
- Patient must have been contraindicated for pyridoxine therapy as determined by the treating or consulting clinician prior to commencing non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had urinary oxalate of at least 0.70 mmol/24 h/1.73 m^2 measured by mean 24-h urinary oxalate excretion from a valid 24-h urine collection prior to commencing treatment with this drug for this condition; OR
- Patient must have urinary oxalate:creatinine ratio greater than the upper limit of normal based on age on at least two of three single-void collections during screening prior to commencing treatment with this drug for this condition; OR
- Patient must have, prior to commencing treatment with this drug for this condition, clinical symptoms indicative of hyperoxaluria, such as (i) nephrocalcinosis; (ii) renal stones; (iii) renal impairment; (iv) systemic oxalosis, **AND**
- Patient must continue to demonstrate clinical benefit as assessed by the treating physician, **AND**
- Patient must not have previously undergone liver transplant for primary hyperoxaluria type 1.

Treatment criteria:

- Must be treated by a nephrologist with experience in the management of hyperoxaluria; OR
- Must be treated by a paediatrician with experience in the management of hyperoxaluria; OR
- Must be treated by an authorised prescriber in consultation with one of the above specialty types.

At the time of the authority application, prescribers should request the appropriate number of vials based on the patient's weight, as per the TGA-approved Product Information.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

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

Lumasiran 94.5 mg/0.5 mL injection, 0.5 mL vial

15060P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡5	1	..	*491157.19	25.00	Oxlumo [WM]

▪ MIGALASTAT

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

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

Note Special Pricing Arrangements apply.

Authority required

Fabry disease

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have at least one of: (i) documented deficiency of alpha-galactosidase enzyme activity in blood, (ii) presence of genetic mutations known to result in deficiency of alpha-galactosidase enzyme activity, **AND**
- Patient must have a documented migalastat amenable galactosidase alpha (GLA) gene variant, **AND**
- Patient must have an estimated glomerular filtration rate (eGFR) of at least 30 mL/min/1.73 m^2, **AND**
- Patient must be male with Fabry-related renal disease confirmed by at least one of the following: (i) abnormal albuminuria of more than 20 mcg/min, as determined by 2 separate samples at least 24 hours apart, (ii) abnormal proteinuria of more than 150 mg/24 hours, (iii) albumin:creatinine ratio greater than upper limit of normal in 2 separate samples at least 24 hours apart, (iv) renal disease due to long-term accumulation of glycosphingolipids in the kidneys; OR
- Patient must be female with Fabry-related renal disease confirmed by at least one of the following: (i) proteinuria of more than 300 mg/24 hours with clinical evidence of progression, (ii) renal disease due to long-term accumulation of glycosphingolipids in the kidneys; OR
- Patient must have Fabry-related cardiac disease confirmed by at least one of the following: (i) left ventricular hypertrophy, as evidenced by cardiac magnetic resonance imaging (MRI) or echocardiogram data, in the absence of hypertension, (ii) significant life-threatening arrhythmia or conduction defect, (iii) late gadolinium enhancement or a low T1 on cardiac MRI; OR

- Patient must have Fabry-related either: (i) ischaemic disease, (ii) cerebrovascular disease as shown on objective testing with no other cause or risk factors identified; OR
- Patient must have Fabry-related uncontrolled chronic pain despite the use of recommended doses of appropriate analgesia and antiseizure medications for peripheral neuropathy; OR
- Patient must have significant Fabry-related gastrointestinal symptoms despite the use of the recommended doses of appropriate pharmacological therapies.

Treatment criteria:

- Must be treated by a physician with expertise in the management of Fabry disease.

Population criteria:

- Patient must be at least 12 years of age.

If hypertension is present in patients relying their eligibility on Fabry-related cardiac disease, the prescriber must treat it optimally for at least 6 months prior to submitting the first PBS authority application.

Confirmation of eligibility for treatment with diagnostic reports including the confirmed mutations must be documented in the patient's medical records.

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

(1) details of the proposed prescription; and

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

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

Authority required

Fabry disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, the details of which must be kept with the patient's record, **AND**
- Patient must not have developed another life threatening/severe disease where long term prognosis is unlikely to be influenced by migalastat.

Treatment criteria:

- Must be treated by a physician with expertise in the management of Fabry disease.

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

Authority required

Fabry disease

Treatment Phase: Grandfather arrangement (transition from LSDP-funded Fabry disease therapy)

Clinical criteria:

- Patient must have previously received treatment with this drug for this condition funded under the Australian Government's Life Saving Drugs Program (LSDP) prior to 1 September 2024; OR
- Patient must have previously received treatment with Enzyme Replacement Therapy for this condition funded under the Australian Government's Life Saving Drugs Program (LSDP) prior to 1 September 2024, **AND**
- Patient must have a documented migalastat amenable galactosidase alpha (GLA) gene variant prior to commencing treatment with this drug, **AND**
- Patient must have/have had an estimated glomerular filtration rate (eGFR) of at least 30 mL/min/1.73 m^2 prior to commencing treatment with this drug.

Treatment criteria:

- Must be treated by a physician with expertise in the management of Fabry disease.

Population criteria:

- Patient must be at least 12 years of age.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Confirmation of eligibility for treatment with diagnostic reports including the confirmed mutations must be documented in the patient's medical records.

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

(1) details of the proposed prescription; and

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

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

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

migalastat 123 mg capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14573B	1	6	..	28246.21	25.00	Galafold [FT]

▪ SAPROPTERIN

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

Authority required

Hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11970B NP	1	5	..	4090.73	25.00	Kuvan [IO]

▪ SAPROPTERIN

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

Authority required

Hyperphenylalaninaemia

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10087X NP	6	5	..	*4966.50	25.00	Kuvan [IO]

▪ SAPROPTERIN

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

Note Special Pricing Arrangements apply.

Authority required

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Initial treatment - responsiveness testing

Treatment criteria:

- Must be treated by a metabolic physician.

Clinical criteria:

- Patient must be untreated with this drug; OR

- Patient must have completed prior responsiveness testing on only 1 occasion - this occurred when the patient was less than 1 month of age, but this benefit is for a second attempt at responsiveness testing in a patient aged at least 1 month old, **AND**
- Patient must have a baseline blood phenylalanine level above 360 micromole per L and be less than one month of age; OR
- Patient must have a baseline blood phenylalanine level above 600 micromole per L and be more than one month of age, **AND**
- The treatment must be for the purpose of initial responsiveness testing for a period of 24 hours in a patient less than one month of age; OR
- The treatment must be for the purpose of initial responsiveness testing for a period of 7 days in a patient aged more than one month.

Dietary phenylalanine intake must be maintained at a constant level.

Patients or their parent/guardian should be assessed for their ability to comply with the sapropterin protocol and PKU diet prior to conducting initial responsiveness testing.

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11971C	1	..	..	4090.73	25.00	Kuvan [IO]

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11676M	1	..	..	859.36	25.00	Kuvan [IO]

▪ SAPROPTERIN

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

Note Patient will be eligible for a maximum of one PBS-subsidised prescription as initial therapy to enable their response to treatment with sapropterin to be assessed.

Authority required

Hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11973E	1	..	..	4090.73	25.00	Kuvan [IO]

▪ SAPROPTERIN

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

Note Patient will be eligible for a maximum of one PBS-subsidised prescription as initial therapy to enable their response to treatment with sapropterin to be assessed.

Authority required

Hyperphenylalaninaemia

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10086W	6	..	..	*4966.50	25.00	Kuvan [IO]

▪ SAPROPTERIN

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

Note Special Pricing Arrangements apply.

Authority required

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment under the Initial treatment - responsiveness testing restriction with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug of greater than or equal to a 30% reduction in phenylalanine levels from baseline during initial responsiveness testing.

Blood phenylalanine levels must be based on measurements taken during stable periods of the condition.

Dietary phenylalanine intake must be maintained at a constant level.

Authority required

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Subsequent continuing

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must be undergoing regular phenylalanine testing and assessment of adherence to dietary modifications.

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11983Q NP	1	5	..	4090.73	25.00	Kuvan [IO]

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11691H NP	6	5	..	*4966.50	25.00	Kuvan [IO]

▪ SAPROPTERIN

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

Note Request an appropriate maximum quantity based on testing response to treatment for 7 days, with the number of packs being a whole number, based on dosing no greater than 20 mg/kg per day. Combinations of the sachets and tablets are permitted to reduce high tablet burden.

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

Note Special Pricing Arrangements apply.

Authority required

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Initial treatment - responsiveness testing

Clinical criteria:

- The treatment must be for the purpose of ascertaining the patient's response to treatment over a period of 7 days, with the intent to then use the drug to control phenylalanine levels under the treatment phase: First continuing treatment, Indication: Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU), **AND**
- Patient must have a baseline blood phenylalanine level above 250 micromol/L prior to commencing treatment with this drug despite best efforts to rely on dietary modifications to control phenylalanine levels.

Treatment criteria:

- Must be treated by a metabolic physician, **AND**
- Patient must be undergoing treatment with this drug for the first time, **AND**
- Patient must not be undergoing treatment with this drug under this Treatment phase, more than once per lifetime following completion of this authority application, **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another PBS-listing (apply under either listing type, but not both simultaneously).

Population criteria:

- Patient must be one of: (i) planning conception, (ii) pregnant.

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12570N	1	..	..	4090.73	25.00	Kuvan [IO]

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12579C	1	..	..	859.36	25.00	Kuvan [IO]

▪ SAPROPTERIN

Note Special Pricing Arrangements apply.

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

Note Request an appropriate maximum quantity (with the number of packs being a whole number) to provide approximately 30 days treatment duration per dispensing, based on dosing no greater than 20 mg/kg per day.

Authority required

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Pre-conception through to when pregnancy first becomes known

Clinical criteria:

- Patient must have demonstrated an adequate response to treatment with this drug at least once in a lifetime, with an adequate response defined as a reduction in phenylalanine levels from baseline during initial responsiveness testing of no less than 30%.

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician, **AND**
- Patient must not be undergoing treatment with this drug under this Treatment phase, following completion of this authority application, for more than 13 cumulative months (assuming 1 month consists of 30 days), **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another non-maternal PBS-listing (apply under either listing type, but not both simultaneously).

Population criteria:

- Patient must be actively trying to conceive.

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

Note This PBS listing intends to subsidise up to 13 cumulative months (assuming 1 month consists of 30 days) of treatment during the pre-conception phase per known pregnancy. The time taken to conceive can vary for each patient, but where this treatment phase of 'pre-conception through to when pregnancy becomes first known' exceeds a cumulative 13 months, continued treatment beyond this time up to the point of conception, is not PBS subsidised.
13 cumulative months comprises of the time taken to achieve desired phenylalanine level control and the time taken for pregnancy to become known (e.g. If it takes 3 months to reach desired phenylalanine level control, 10 months of PBS-subsidised treatment remain in which to achieve pregnancy; if it takes only 1 month to reach desired phenylalanine level control, 12 months of PBS-subsidised treatment remain in which to achieve pregnancy)

Authority required

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Existing pregnancy to birth

Population criteria:

- Patient must be pregnant.

Clinical criteria:

- Patient must have demonstrated an adequate response to treatment with this drug at least once in a lifetime, with an adequate response defined as a reduction in phenylalanine levels from baseline during initial responsiveness testing of no less than 30%.

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician, **AND**
- Patient must not be undergoing further treatment with this drug as a PBS benefit, post-partum in the absence of actively trying to conceive a subsequent child/a known subsequent pregnancy, **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another non-maternal PBS-listing (apply under either listing type, but not both simultaneously).

Note Request an appropriate number of repeats (whole number) relative to the expected birth date such that treatment is not continued post-partum by a whole prescription quantity. If the expected birth date is within the next 30 days at the time of the authority application, do not request repeats.

Note This PBS listing intends to subsidise treatment only whilst the patient is pregnant. Treatment is to be discontinued upon birth under this listing. Whilst a patient may benefit from continued treatment post-partum, continued treatment with this drug post-partum is not PBS subsidised in the absence of actively trying to conceive again/a known subsequent pregnancy.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12569M NP	1	5	..	859.36	25.00	Kuvan [IO]

▪ SODIUM PHENYLBUTYRATE

Authority required (STREAMLINED)

9993

Urea cycle disorders

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have elevated ammonia levels that are not controlled with diet alone and other adjunct care alone.

An increase in the maximum quantity will be authorised to provide for up to one month's supply at a dose of up to 600 mg/kg/day in patients weighing less than 20 kg and up to 13 g/m^2/day in patients weighing more than 20 kg.

Authority required (STREAMLINED)

9919

Urea cycle disorders

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

An increase in the maximum quantity will be authorised to provide for up to one month's supply at a dose of up to 600 mg/kg/day in patients weighing less than 20 kg and up to 13 g/m^2/day in patients weighing more than 20 kg.

sodium phenylbutyrate 483 mg/g granules, 174 g

11865L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*1569.96	25.00	Pheburane [OH]

▪ TRIENTINE

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

Authority required

Chelation of elevated copper levels

Clinical criteria:

- Patient must have a diagnosis of Wilson disease, **AND**
- Patient must be intolerant to penicillamine.

Treatment criteria:

- Must be treated by a specialist medical practitioner, where this authority application is to initiate treatment with this drug, of the following type: (i) gastroenterologist, (ii) hepatologist, (iii) neurologist; the authority prescription must be completed by the specialist prescriber; OR
- Must be treated by a medical practitioner (of any type), where this authority application is continuing established trientine treatment (of any specified salt) initiated by one of the above mentioned specialist types; OR
- Must be treated by a nurse practitioner where this authority application is continuing established trientine treatment (of any specified salt) initiated by one of the above mentioned specialist types.

Prior to seeking the initial authority approval, establish evidence of excess copper levels based on at least one of: (i) clinical symptoms, (ii) measured serum copper levels, (iii) measured urinary copper levels.

Document what these findings were in the patient's medical records. Do not supply them in this authority application.

Refer to the following definitions if in doubt over what constitutes an acceptable intolerance to penicillamine:

Side effects of penicillamine occurring soon after initiation (within first few weeks/months):

(i) fever, (ii) rash, (iii) enlarged lymph nodes, (iv) neutropenia, (v) thrombocytopenia, (vi) proteinuria, (vii) severe, persistent nausea.

Side effects of penicillamine developing later:

(i) nephrotic syndrome, (ii) glomerulonephritis, (iii) total bone marrow aplasia, (iv) skin changes (cutis laxa, elastosis perforans serpiginosa, pemphigus), (v) myasthenia gravis, (vi) polymyositis, (vii) Goodpasture syndrome, (viii) optic neuritis, (ix) proteinuria (1-2 grams/day or equivalent in children, depending on specialist Wilson disease and renal review), (x) haematuria (if cause unknown), (xi) thrombocytopenia/leukopenia, (xii) bleeding related to thromobocytopenia/leukopenia, (xiii) lupus-like syndrome (haematuria, proteinuria, positive antinuclear antibody), (xiv) arthralgia.

At the time of the first authority application for this drug, document the details (date of reaction, severity of reaction, dose of penicillamine, etc) of the penicillamine intolerance, if not already done, in the patient's medical records. Do not supply these details in this authority application.

trientine dihydrochloride 250 mg capsule, 100

13124R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*1816.36	25.00	[a] Trientine Dr. Reddy's [RZ]	[a] Trientine Waymade [IX]

▪ BLOOD AND BLOOD FORMING ORGANS

▪ ANTITHROMBOTIC AGENTS

ANTITHROMBOTIC AGENTS

Vitamin K antagonists

▪ WARFARIN

Caution The listed brands have NOT been shown to be bioequivalent and should not be interchanged.

warfarin sodium 1 mg tablet, 50

2843P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	18.95	20.49	Coumadin [GO]	Marevan [GT]

warfarin sodium 2 mg tablet, 50

2209G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	19.13	20.67	Coumadin [GO]

warfarin sodium 3 mg tablet, 50

2844Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	19.19	20.73	Marevan [GT]

warfarin sodium 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2211J NP	1	2	..	19.60	21.14	Coumadin [GO]	Marevan [GT]

Heparin group

▪ ENOXAPARIN SODIUM

Restricted benefit

Haemodialysis

enoxaparin sodium 120 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13688K NP	1	3	..	89.48	25.00	[a] Enoxaject Safety-Lock [CR] [a] Exarane Forte Safety-Lock [JO]	[a] Exarane Forte [JU]

enoxaparin sodium 150 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13717Y NP	1	3	..	108.26	25.00	[a] Enoxaject Safety-Lock [CR] [a] Exarane Forte Safety-Lock [JO]	[a] Exarane Forte [JU]

▪ ENOXAPARIN SODIUM

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

enoxaparin sodium 20 mg/0.2 mL injection, 10 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8558K NP MW	2	1	..	*63.04	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 120 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13710N NP MW	1	1	..	89.48	25.00	[a] Clexane Forte Safety-Lock [AV] [a] Exarane Forte [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Forte Safety-Lock [JO]

enoxaparin sodium 150 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13729N NP MW	1	1	..	108.26	25.00	[a] Clexane Forte Safety-Lock [AV] [a] Exarane Forte [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Forte Safety-Lock [JO]

enoxaparin sodium 40 mg/0.4 mL injection, 10 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8510X NP MW	2	1	..	*68.78	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 100 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8264Y NP MW	1	1	..	80.77	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 60 mg/0.6 mL injection, 10 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8262W NP MW	1	1	..	61.46	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 80 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8263X NP MW	1	1	..	64.43	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

▪ ENOXAPARIN SODIUM

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Restricted benefit
Haemodialysis

enoxaparin sodium 20 mg/0.2 mL injection, 10 x 0.2 mL syringes

8716R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*63.04	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 40 mg/0.4 mL injection, 10 x 0.4 mL syringes

8639Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*68.78	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 100 mg/mL injection, 10 x 1 mL syringes

5435C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*148.82	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 60 mg/0.6 mL injection, 10 x 0.6 mL syringes

8640R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*108.56	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

enoxaparin sodium 80 mg/0.8 mL injection, 10 x 0.8 mL syringes

5434B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*114.50	25.00	[a] Clexane Safety-Lock [AV] [a] Exarane [JU]	[a] Enoxaject Safety-Lock [CR] [a] Exarane Safety-Lock [JO]

▪ HEPARIN

heparin sodium 5000 units/0.2 mL injection, 5 x 0.2 mL ampoules

1466E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	44.24	25.00	DBL Heparin Sodium [PF]

Platelet aggregation inhibitors excl. heparin

▪ ASPIRIN

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

aspirin 100 mg tablet, 112

8202Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	16.31	17.85	Spren 100 [OW]

▪ CLOPIDOGREL

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate), clopidogrel tablet 75 mg (as bisulfate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution

clopidogrel 75 mg tablet, 28

8358X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.40	19.94	[a] Blooms Clopidogrel [BG] [a] Clopidogrel Sandoz Pharma [HX] [a] Iscover [AV] [a] Plavicor 75 [CR]	[a] Clopidogrel Lupin [GQ] [a] Clopidogrel Winthrop [WA] [a] Piax [AF]

clopidogrel 75 mg tablet, 28

9354H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.40	19.94	[a] CLOPIDOGREL-WGR [WG] [a] Plidogrel [RF]	[a] Clovix 75 [RW]

clopidogrel 75 mg tablet, 30

15081R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.93	5	..	*36.91	25.00	[a] Clopidogrel Tablets, USP 75 mg (Aurobindo, USA) [LM]

clopidogrel 75 mg tablet, 30

15086B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.93	5	..	*26.78	25.00	[a] Clopidogrel Tablets, USP 75 mg (Novadoz, USA) [KQ]

▪ CLOPIDOGREL

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate), clopidogrel tablet 75 mg (as bisulfate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

clopidogrel 75 mg tablet, 28

13365K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.44	23.98	[a] CLOPIDOGREL-WGR [WG] [a] Plidogrel [RF]	[a] Clovix 75 [RW]

clopidogrel 75 mg tablet, 28

13399F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.44	23.98	[a] Blooms Clopidogrel [BG] [a] Clopidogrel Sandoz Pharma [HX] [a] Iscover [AV] [a] Plavicor 75 [CR]	[a] Clopidogrel Lupin [GQ] [a] Clopidogrel Winthrop [WA] [a] Piax [AF]

clopidogrel 75 mg tablet, 30

15076L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1.87	5	..	*37.99	25.00	[a] Clopidogrel Tablets, USP 75 mg (Novadoz, USA) [KQ]

clopidogrel 75 mg tablet, 30

15085Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1.87	5	..	*58.05	25.00	[a] Clopidogrel Tablets, USP 75 mg (Aurobindo, USA) [LM]

▪ CLOPIDOGREL + ASPIRIN

clopidogrel 75 mg + aspirin 100 mg tablet, 30

9296G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APX-Clopidogrel/Aspirin 75/100 [TY] [a] DuoPlidogrel [XT]	[a] DuoCover [AV] [a] Piax Plus Aspirin [AF]

▪ CLOPIDOGREL + ASPIRIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

clopidogrel 75 mg + aspirin 100 mg tablet, 30

13427Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APX-Clopidogrel/Aspirin 75/100 [TY] [a] DuoPlidogrel [XT]	[a] DuoCover [AV] [a] Piax Plus Aspirin [AF]

▪ PRASUGREL

Authority required (STREAMLINED)

16443

Acute coronary syndrome (myocardial infarction or unstable angina)

Clinical criteria:

- The treatment must be in combination with aspirin, **AND**
- Patient must have percutaneous coronary intervention planned; OR
- Patient must have previously undergone percutaneous coronary intervention, **AND**
- Patient must not have a known history of either: (i) stroke, (ii) transient ischaemic attack, **AND**
- The treatment must be ceased if a percutaneous coronary intervention is not performed.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Population criteria:

- Patient must be at least 18 years of age.

Patient must be treated with the recommended maintenance dose of prasugrel according to the TGA-approved Product Information.

prasugrel 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14796R NP	1	5	..	69.12	25.00	Prasugrel Lupin [GQ]

prasugrel 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14818X NP	1	5	..	63.64	25.00	Prasugrel Lupin [GQ]

▪ TICAGRELOR

Authority required (STREAMLINED)

5746

Acute coronary syndrome (myocardial infarction or unstable angina)

Clinical criteria:

- The treatment must be in combination with aspirin.

ticagrelor 90 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1418P NP	1	5	..	99.46	25.00	[a] ARX-TICAGRELOR [XT] [a] Pharmacor Ticagrelor [CR] [a] Ticagrelor Lupin [GQ] [a] Ticagrelor Viatris [AF] [a] Tirela [NB]	[a] Brilinta [AP] [a] Ticagrelor Dr.Reddy's [RZ] [a] Ticagrelor SUN [RA] [a] TICALOR [XE]

▪ TICAGRELOR

Authority required (STREAMLINED)

14240

Acute coronary syndrome (myocardial infarction or unstable angina)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with aspirin.

ticagrelor 90 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13524T NP	2	5	..	*188.08	25.00	[a] ARX-TICAGRELOR [XT] [a] Pharmacor Ticagrelor [CR] [a] Ticagrelor Lupin [GQ] [a] Ticagrelor Viatris [AF] [a] Tirela [NB]	[a] Brilinta [AP] [a] Ticagrelor Dr.Reddy's [RZ] [a] Ticagrelor SUN [RA] [a] TICALOR [XE]

▪ TIROFIBAN

Authority required (STREAMLINED)

16123

High risk of unstable angina

Clinical criteria:

- Patient must have new transient or persistent ST-T ischaemic changes, **AND**
- Patient must have pain lasting longer than 20 minutes.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16147

High risk of unstable angina

Clinical criteria:

- Patient must have new transient or persistent ST-T ischaemic changes, **AND**
- Patient must have repetitive episodes of angina at rest or during minimal exercise in the previous 12 hours.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16063

Non-Q-wave myocardial infarction

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tirofiban 12.5 mg/50 mL injection, 50 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8350L NP	1	2	..	179.21	25.00	[a] Aggrastat [AS]	[a] Tirofiban Juno [JU]

Direct thrombin inhibitors

▪ BIVALIRUDIN

Authority required (STREAMLINED)

4919

Coronary artery disease

Treatment criteria:

- Patient must be undergoing percutaneous coronary intervention.

bivalirudin 250 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8844L	1	..	..	462.63	25.00	[a] BIVALIRUDIN ARX [XT]	[a] BIVALIRUDIN MEDSURGE [DZ]

▪ DABIGATRAN

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

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

Authority required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

dabigatran etexilate 110 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2753X NP	1	5	..	42.96	25.00	[a] ARX-Dabigatran [XT] [a] Dabigatran Viatris [AF]	[a] Dabigatran Sandoz [SZ] [a] PHARMACOR DABIGATRAN [CR]
			[B]7.16	50.12	25.00	[a] Pradaxa [BY]	

dabigatran etexilate 150 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2769R NP	1	5	..	42.74	25.00	[a] ARX-Dabigatran [XT] [a] Dabigatran Viatris [AF]	[a] Dabigatran Sandoz [SZ] [a] PHARMACOR DABIGATRAN [CR]
			[B]7.16	49.90	25.00	[a] Pradaxa [BY]	

▪ DABIGATRAN

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

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

Authority required (STREAMLINED)

4402

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 30 days supply to complete a course of treatment.

dabigatran etexilate 110 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9321N NP	1	..	..	42.96	25.00	[a] ARX-Dabigatran [XT] [a] Dabigatran Viatris [AF]	[a] Dabigatran Sandoz [SZ] [a] PHARMACOR DABIGATRAN [CR]
			[B]7.16	50.12	25.00	[a] Pradaxa [BY]	

dabigatran etexilate 75 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9320M	1	..	..	67.55	25.00	[a] ARX-Dabigatran [XT]	[a] Dabigatran Viatris [AF]

						[a] PHARMACOR DABIGATRAN [CR]	[a] Pradaxa [BY]

NP

▪ DABIGATRAN

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

Authority required (STREAMLINED)

14301

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

dabigatran etexilate 110 mg capsule, 60

13523R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*71.56	25.00	[a] ARX-Dabigatran [XT] [a] Dabigatran Viatris [AF]	[a] Dabigatran Sandoz [SZ] [a] PHARMACOR DABIGATRAN [CR]
		[B]14.32	*85.88	25.00	[a] Pradaxa [BY]	

dabigatran etexilate 150 mg capsule, 60

13489Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*71.12	25.00	[a] ARX-Dabigatran [XT] [a] Dabigatran Viatris [AF]	[a] Dabigatran Sandoz [SZ] [a] PHARMACOR DABIGATRAN [CR]
		[B]14.32	*85.44	25.00	[a] Pradaxa [BY]	

▪ DABIGATRAN

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

Authority required (STREAMLINED)

4369

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 20 days supply to complete a course of treatment.

dabigatran etexilate 75 mg capsule, 10

9318K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*32.10	25.00	PHARMACOR DABIGATRAN [CR]

dabigatran etexilate 110 mg capsule, 10

9319L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*23.98	25.00	Pradaxa [BY]

▪ DABIGATRAN

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

Authority required (STREAMLINED)

4381

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 10 days of therapy.

dabigatran etexilate 75 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9322P NP	2	..	..	*32.10	25.00	PHARMACOR DABIGATRAN [CR]

dabigatran etexilate 110 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9323Q NP	2	..	..	*23.98	25.00	Pradaxa [BY]

Direct factor Xa inhibitors

▪ APIXABAN

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

Authority required (STREAMLINED)
4402
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total hip replacement.

Clinical criteria:
- Patient must require up to 30 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5061J NP	1	..	..	68.37	25.00	Eliquis [BQ]

▪ APIXABAN

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

Authority required (STREAMLINED)
4269
Prevention of stroke or systemic embolism
Clinical criteria:
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:
(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

Authority required (STREAMLINED)
4132
Prevention of recurrent venous thromboembolism
Treatment Phase: Continuing treatment
Clinical criteria:
- Patient must have a history of venous thromboembolism.

apixaban 2.5 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2744K NP	1	5	..	68.37	25.00	Eliquis [BQ]

▪ APIXABAN

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

Authority required (STREAMLINED)
4382
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total knee replacement.

Clinical criteria:
- Patient must require up to 15 days of therapy.

Authority required (STREAMLINED)
4409
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 15 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 30

5054B

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	41.36	25.00	Eliquis [BQ]

▪ APIXABAN

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

Authority required (STREAMLINED)

4381

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 10 days of therapy.

Authority required (STREAMLINED)

4359

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 10 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 20

5500L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	32.36	25.00	Eliquis [BQ]

▪ APIXABAN

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

Authority required (STREAMLINED)

14301

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

Authority required (STREAMLINED)

14300

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a history of venous thromboembolism.

apixaban 2.5 mg tablet, 60

13464P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*122.78	25.00	Eliquis [BQ]

▪ APIXABAN

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

Authority required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

Authority required (STREAMLINED)

18513

Deep vein thrombosis

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

18522

Pulmonary embolism

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

apixaban 5 mg tablet, 60

2735Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	66.93	25.00	Eliquis [BQ]

▪ APIXABAN

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

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

Authority required (STREAMLINED)

14301

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

Authority required (STREAMLINED)

18525

Deep vein thrombosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

18527

Pulmonary embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic pulmonary embolism.

apixaban 5 mg tablet, 60

13525W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*119.76	25.00	Eliquis [BQ]

▪ RIVAROXABAN

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

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

Authority required (STREAMLINED)

4132
Prevention of recurrent venous thromboembolism
Treatment Phase: Continuing treatment
Clinical criteria:
- Patient must have a history of venous thromboembolism.

rivaroxaban 10 mg tablet, 30

11633G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	38.12	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 10 [XT]
					[a] iXarola [AL]	[a] Rivarelto [XW]
					[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
					[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
					[a] Xarelto [AF]	[a] XAREMED [DZ]

▪ RIVAROXABAN

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

Authority required (STREAMLINED)
11013
Chronic stable atherosclerotic disease
Treatment Phase: Initial treatment
Clinical criteria:
- The treatment must be in combination with aspirin, but not with any other anti-platelet therapy, **AND**
- Patient must have a diagnosis of coronary artery disease in addition to at least one of the following risk factors: (i) diagnosed heart failure (left ventricular ejection fraction of at least 30% but less than 50%) (ii) diagnosed kidney disease classified by an eGFR in the range of 15-60 mL/min (iii) diabetes mellitus combined with at least one of the following: (a) age at least 60 years (b) concomitant microalbuminuria (c) Aboriginal/Torres Strait Islander descent; OR
- Patient must have a diagnosis of peripheral artery disease in addition to at least one of the following risk factors: (i) concomitant coronary artery disease (ii) diagnosed heart failure (left ventricular ejection fraction of at least 30% but less than 50%) (iii) diagnosed kidney disease classified by an eGFR in the range of 15-60 mL/min (iv) diabetes mellitus combined with at least one of the following: (a) age at least 60 years (b) concomitant microalbuminuria (c) Aboriginal/Torres Strait Islander descent, **AND**
- Patient must have at least one of the following if coronary artery disease is present: (i) a previous multi-vessel coronary revascularisation procedure (ii) significant stenosis in at least 2 coronary arteries (iii) a previous single vessel coronary revascularisation procedure with significant stenosis in more than 1 coronary artery; OR
- Patient must have at least one of the following if peripheral arterial disease is present: (i) a previous peripheral/carotid artery revascularisation intervention (ii) intermittent claudication with an ankle-brachial index less than 0.9 (iii) asymptomatic carotid artery stenosis greater than 50%, **AND**
- The condition must be diagnosed by at least one of: (i) invasive (selective) angiography (ii) non-invasive imaging (i.e. CT scan, ultrasound) (iii) ankle-brachial index measurement in the case of peripheral arterial disease with intermittent claudication, **AND**
- Patient must have clinical findings/observations by the treating physician that exclude each of the following: (i) high risk of bleeding (ii) prior stroke within one month of treatment initiation (iii) prior haemorrhagic / lacunar stroke (iv) severe heart failure with a known ejection fraction less than 30% (v) New York Heart Association class III to IV heart failure symptoms (i.e. symptoms corresponding to moderate to severe limitation on physical activity, whereby any of fatigue/palpitations/dyspnoea occur upon zero to minimal activity) (vi) an estimated glomerular filtration rate less than 15 mL/minute (vii) a requirement for dual antiplatelet therapy (viii) a requirement for non-acetylsalicylic acid antiplatelet therapy (ix) a requirement for a higher dose of oral anticoagulant therapy.

Treatment criteria:
- Must be treated by a specialist physician; OR
- Must be treated by a physician who has consulted a specialist physician.

rivaroxaban 2.5 mg tablet, 60

12197Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.33	25.00	[a] APO-Rivaroxaban [TX]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban-Teva [TB]	[a] RIVOXA [CR]
					[a] Xarelto [AF]	

▪ RIVAROXABAN

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

Authority required (STREAMLINED)
4402
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total hip replacement.

Clinical criteria:
- Patient must require up to 30 days supply to complete a course of treatment.

rivaroxaban 10 mg tablet, 30

9467G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	38.12	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 10 [XT]
					[a] iXarola [AL]	[a] Rivarelto [XW]
					[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
					[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
					[a] Xarelto [AF]	[a] XAREMED [DZ]

rivaroxaban 10 mg tablet, 15

9466F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	26.24	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 10 [XT]
					[a] RIVAXIB [MQ]	[a] Xarelto [AF]
					[a] XAREMED [DZ]	

▪ RIVAROXABAN

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

Authority required (STREAMLINED)

4382

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 15 days of therapy.

rivaroxaban 10 mg tablet, 15

9469J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	26.24	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 10 [XT]
					[a] RIVAXIB [MQ]	[a] Xarelto [AF]
					[a] XAREMED [DZ]	

▪ RIVAROXABAN

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

Authority required (STREAMLINED)

14300

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a history of venous thromboembolism.

rivaroxaban 10 mg tablet, 30

13521P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*61.88	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 10 [XT]
					[a] iXarola [AL]	[a] Rivarelto [XW]
					[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
					[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
					[a] Xarelto [AF]	[a] XAREMED [DZ]

▪ RIVAROXABAN

Note Treatment may be continued by a non-specialist prescriber without need for consultation with a specialist.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

10992

Chronic stable atherosclerotic disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with aspirin, but not with any other anti-platelet therapy.

rivaroxaban 2.5 mg tablet, 60

12192Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.33	25.00	[a] APO-Rivaroxaban [TX]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban-Teva [TB]	[a] RIVOXA [CR]

[a] Xarelto [AF]

▪ RIVAROXABAN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Pharmaceutical benefits that have the form rivaroxaban 15 mg capsule and rivaroxaban 15 mg tablet are equivalent for the purposes of substitution, where the pack size is the same.

Authority required (STREAMLINED)
4269
Prevention of stroke or systemic embolism
Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:
(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 15 mg tablet, 28

2691P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.27	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 15 [XT]
					[a] iXarola [AL]	[a] Rivarelto [XW]
					[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
					[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
					[a] Xarelto [AF]	[a] XAREMED [DZ]

Rivaroxaban 15 mg capsule, 28

15037K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	42.51	25.00	[a] Relaban [NB]

▪ RIVAROXABAN

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

Authority required (STREAMLINED)
4098
Deep vein thrombosis
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)
5098
Pulmonary embolism
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

rivaroxaban 15 mg tablet, 42

2160Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	45.73	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 15 [XT]
					[a] Rivarelto [XW]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
					[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
					[a] Xarelto [AF]	[a] XAREMED [DZ]

▪ RIVAROXABAN

Note Treatment may be continued by a non-specialist prescriber without need for consultation with a specialist.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
14298
Chronic stable atherosclerotic disease
Treatment Phase: Continuing treatment
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with aspirin, but not with any other anti-platelet therapy.

rivaroxaban 2.5 mg tablet, 60

13366L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*56.30	25.00	[a] APO-Rivaroxaban [TX] [a] Rivaroxaban-Teva [TB] [a] Xarelto [AF]	[a] Rivaroxaban Lupin [GQ] [a] RIVOXA [CR]

▪ RIVAROXABAN

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

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

Note Pharmaceutical benefits that have the form rivaroxaban 15 mg capsule and rivaroxaban 15 mg tablet are equivalent for the purposes of substitution, where the pack size is the same.

Authority required (STREAMLINED)

14301

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 15 mg tablet, 28

13463N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*56.18	25.00	[a] APO-Rivaroxaban [TX] [a] iXarola [AL] [a] Rivaroxaban Dr.Reddy's [RZ] [a] Rivaroxaban Sandoz [SZ] [a] RIVAXIB [MQ] [a] Xarelto [AF]	[a] ARX-Rivaroxaban 15 [XT] [a] Rivarelto [XW] [a] Rivaroxaban Lupin [GQ] [a] Rivaroxaban-Teva [TB] [a] Rivoxa [CR] [a] XAREMED [DZ]

Rivaroxaban 15 mg capsule, 28

14969W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*70.66	25.00	[a] Relaban [NB]

▪ RIVAROXABAN

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

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

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

Authority required (STREAMLINED)

4099

Deep vein thrombosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

4132

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a history of venous thromboembolism.

Authority required (STREAMLINED)

4268

Pulmonary embolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

Authority required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 20 mg tablet, 28

2268J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.02	25.00	[a] APO-Rivaroxaban [TX]	[a] ARX-Rivaroxaban 20 [XT]
					[a] iXarola [AL]	[a] Rivarelto [XW]
					[a] Rivaroxaban Dr.Reddy's [RZ]	[a] Rivaroxaban Lupin [GQ]
					[a] Rivaroxaban Sandoz [SZ]	[a] Rivaroxaban-Teva [TB]
					[a] RIVAXIB [MQ]	[a] Rivoxa [CR]
					[a] Xarelto [AF]	[a] XAREMED [DZ]

Rivaroxaban 20 mg capsule, 28

15017J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	42.17	25.00	[a] Relaban [NB]

▪ RIVAROXABAN

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

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

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

Authority required (STREAMLINED)

14264

Deep vein thrombosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

14300

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a history of venous thromboembolism.

Authority required (STREAMLINED)

14318

Pulmonary embolism

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic pulmonary embolism.

Authority required (STREAMLINED)

14301

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13462M NP	2	5	..	*55.68	25.00	[a] APO-Rivaroxaban [TX] [a] iXarola [AL] [a] Rivaroxaban Dr.Reddy's [RZ] [a] Rivaroxaban Sandoz [SZ] [a] RIVAXIB [MQ] [a] Xarelto [AF]	[a] ARX-Rivaroxaban 20 [XT] [a] Rivarelto [XW] [a] Rivaroxaban Lupin [GQ] [a] Rivaroxaban-Teva [TB] [a] Rivoxa [CR] [a] XAREMED [DZ]

Rivaroxaban 20 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14994E NP	2	5	..	*69.98	25.00	[a] Relaban [NB]

Other antithrombotic agents

▪ FONDAPARINUX

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

Authority required (STREAMLINED)
5781
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing major hip surgery.

Authority required (STREAMLINED)
5808
Prevention of venous thromboembolism
Treatment criteria:
- Patient must be undergoing total knee replacement.

fondaparinux sodium 2.5 mg/0.5 mL injection, 2 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8775W NP	3.5	..	..	*115.63	25.00	Arixtra [AS]

▪ ANTIHEMORRHAGICS

ANTIFIBRINOLYTICS

Amino acids

▪ TRANEXAMIC ACID

tranexamic acid 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2180R NP	1	2	..	39.23	25.00	[a] APO-Tranexamic Acid [TX] [a] Tranexamic Acid Waymade [IX]	[a] Tranexamic Acid Lupin [GQ]
			[B]8.06	47.29	25.00	[a] Cyklokapron [PF]	

▪ ANTIANEMIC PREPARATIONS

IRON PREPARATIONS

Iron bivalent, oral preparations

▪ FERROUS FUMARATE

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

ferrous fumarate 200 mg (iron 65.7 mg) tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8985X NP MW	1	1	..	20.50	22.04	Ferro-tab [AE]

▪ FERROUS SULFATE

ferrous sulfate heptahydrate 30 mg/mL (iron 6 mg/mL) oral liquid, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8815Y NP	‡1	2	..	23.73	25.00	Ferro-Liquid [AE]

Iron, parenteral preparations

▪ FERRIC CARBOXYMALTOSE

iron (as ferric carboxymaltose) 500 mg/10 mL injection, 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10104T NP MW	2	1	..	*99.82	25.00	[a] Ferinject [XW] [a] Ferric Carboxymaltose-Teva [TB]	[a] FERIVO [XT] [a] Ferrive [AF]

iron (as ferric carboxymaltose) 1 g/20 mL injection, 20 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11702X NP MW	1	1	..	99.82	25.00	[a] Ferinject [XW] [a] Ferric Carboxymaltose-Teva [TB]	[a] FERIVO [XT] [a] Ferrive [AF]

▪ FERRIC DERISOMALTOSE

Note Special Pricing Arrangements apply.

iron (as ferric derisomaltose) 500 mg/5 mL injection, 5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11615H NP	3	..	..	*412.62	25.00	Monofer [FK]

iron (as ferric derisomaltose) 1 g/10 mL injection, 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12049E NP	1	1	..	278.20	25.00	Monofer [FK]

▪ IRON POLYMALTOSE

iron (as polymaltose) 100 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2593L NP MW	1	..	..	35.22	25.00	Ferrosig [SI]

▪ IRON POLYMALTOSE

Authority required (STREAMLINED)

4302

Iron deficiency anaemia

Treatment criteria:

- Patient must be undergoing chronic haemodialysis.

iron (as polymaltose) 100 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2805P NP	1	5	..	35.22	25.00	Ferrosig [SI]

▪ IRON SUCROSE

iron (as sucrose) 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10229J NP	1	..	..	39.65	25.00	Venofer [CS]

▪ IRON SUCROSE

Authority required (STREAMLINED)

4302

Iron deficiency anaemia

Treatment criteria:

- Patient must be undergoing chronic haemodialysis.

iron (as sucrose) 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8807M NP	1	5	..	39.65	25.00	Venofer [CS]

Iron in combination with folic acid

▪ FERROUS FUMARATE + FOLIC ACID

Restricted benefit

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

ferrous fumarate 310 mg (iron 100 mg) + folic acid 350 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9011G NP MW	1	1	..	21.44	22.98	Ferro-f-tab [AE]

VITAMIN B12 AND FOLIC ACID

Vitamin B12 (cyanocobalamin and analogues)

▪ HYDROXOCOBALAMIN

Note One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B_{12} deficiencies.

Note Pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as acetate) in 1 mL and pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as chloride) in 1 mL are equivalent for the purposes of substitution.

Restricted benefit

Pernicious anaemia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife where patient care is being shared with a medical practitioner.

Restricted benefit

Proven vitamin B12 deficiencies other than pernicious anaemia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife where patient care is being shared with a medical practitioner.

Restricted benefit

Anaemias associated with vitamin B12 deficiency

Clinical criteria:

- Patient must have had a gastrectomy, **AND**
- The treatment must be for prophylaxis.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife where patient care is being shared with a medical practitioner.

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

2162T (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.57	20.11	[a] Cobal-B12 [JU]	[a] Vita-B12 [GH]

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

9048F (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.57	20.11	[a] Hydroxo-B12 [AS]	[a] Neo-B12 [PF]

Folic acid and derivatives

▪ FOLIC ACID

Restricted benefit

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

folic acid 500 microgram tablet, 100

2958Q (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*18.62	20.16	[a] Foltabs 500 [PP]	[a] Megafol 0.5 [AF]

▪ FOLIC ACID

Note The 5 mg strength tablet should be used in malabsorption states only.

Restricted benefit

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

folic acid 5 mg tablet, 100

1437P (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*20.68	22.22	Megafol 5 [AF]

▪ BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS

BLOOD AND RELATED PRODUCTS

Blood substitutes and plasma protein fractions

▪ HYDROXYETHYL STARCH 130/0.4 + SODIUM CHLORIDE

HYDROXYETHYL STARCH 130/0.4 I.V. infusion 30 g per 500 mL, 500 mL, 1

9487H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*35.70	25.00	Voluven 6% [PK]

▪ OTHER HEMATOLOGICAL AGENTS

OTHER HEMATOLOGICAL AGENTS

Drugs used in hereditary angioedema

▪ GARADACIMAB

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 1: New patient (commencing with no previous treatment with C1-INH for routine prophylaxis), Initial 2: New patient (commencing from National Blood Authority-funded C1-INH) or Initial 3: New patient (transitioning from PBS-subsidised lanadelumab) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1: New patient (commencing with no previous treatment with C1-INH for routine prophylaxis) restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2: New patient (commencing from National Blood Authority-funded C1-INH) restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3: New patient (transitioning from PBS-subsidised lanadelumab) restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

For the purposes of administering this restriction, an adequate response is a reduction of the baseline number of acute attacks of hereditary angioedema of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate. The details of the reduction must be documented in the patient's medical records for auditing purposes.

garadacimab 200 mg/1.2 mL injection, 1.2 mL pen device

15295B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	30344.99	25.00	Andembry [VK]

▪ GARADACIMAB

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Continuing preventative treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

For the purposes of administering this restriction, an adequate response is a reduction of the baseline number of acute attacks of hereditary angioedema of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate. The details of the reduction must be documented in the patient's medical records for auditing purposes.

garadacimab 200 mg/1.2 mL injection, 1.2 mL pen device

15305M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	30344.99	25.00	Andembry [VK]

▪ GARADACIMAB

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

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

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

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

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

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition as routine prophylaxis for hereditary angioedema prior to 1 April 2026, **AND**
- Patient must have experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment for this condition; OR
- Patient must have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema immediately prior to receiving non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have received PBS-subsidised treatment with lanadelumab as routine prophylaxis for hereditary angioedema immediately prior to receiving non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have received non-PBS-subsidised treatment with garadacimab via the VANGUARD open-label extension study as routine prophylaxis for hereditary angioedema, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

For the purposes of administering this restriction, acute attacks of hereditary angioedema are those of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate

The baseline measurement of the number of treated acute attacks of hereditary angioedema within the 6 months prior to initiating non-PBS-subsidised treatment must be provided at the time of submitting this application.

For the purposes of administering this restriction, an adequate response is a reduction of the baseline number of acute attacks of hereditary angioedema of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate. The details of the reduction must be documented in the patient's medical records for auditing purposes.

garadacimab 200 mg/1.2 mL injection, 1.2 mL pen device

15332Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	30344.99	25.00	Andembry [VK]

▪ GARADACIMAB

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 1: New patient (commencing with no previous treatment with C1-INH for routine prophylaxis)

Clinical criteria:

- Patient must have experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment with this drug, **AND**
- Patient must not have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema at the time of application, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

For the purposes of administering this restriction, acute attacks of hereditary angioedema are those of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate

The baseline measurement of the number of treated acute attacks of hereditary angioedema within the 6 months prior to initiating treatment must be provided at the time of submitting this application.

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 2: New patient (commencing from National Blood Authority-funded C1-INH)

Clinical criteria:

- Patient must have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema immediately prior to receiving this drug, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 3: New patient (transitioning from PBS-subsidised lanadelumab)

Clinical criteria:

- Patient must have been receiving lanadelumab through the PBS as routine prophylaxis for hereditary angioedema immediately prior to receiving this drug, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) lanadelumab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

garadacimab 200 mg/1.2 mL injection, 1.2 mL pen device

15317E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*60580.62	25.00	Andembry [VK]

▪ ICATIBANT

Note Icatibant should be provided in the framework of a comprehensive hereditary angioedema prophylaxis program and an emergency Action Plan including training in recognition of the symptoms of hereditary angioedema and the self-administration of icatibant. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au)

Authority required

Anticipated emergency treatment of an acute attack of hereditary angioedema

Treatment Phase: Initial

Clinical criteria:

- Patient must have confirmed diagnosis of C1-esterase inhibitor deficiency, **AND**
- Patient must have been assessed to be at significant risk of an acute attack of hereditary angioedema, **AND**
- The condition must be assessed by a clinical immunologist; OR
- The condition must be assessed by a respiratory physician; OR
- The condition must be assessed by a specialist allergist; OR
- The condition must be assessed by a general physician experienced in the management of patients with hereditary angioedema.

The name of the specialist consulted must be provided at the time of application for initial supply.

The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.

Increased maximum quantities will be limited to 12 injections per authority prescription.

Authority required

Anticipated emergency treatment of an acute attack of hereditary angioedema

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Increased maximum quantities will be limited to 12 injections per authority prescription.

icatibant 30 mg/3 mL injection, 3 mL syringe

1976B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	470.29	25.00	[a] Cipla Icatibant [LR] [a] Icatibant Lupin [GQ]	[a] Fyzant [JU]

▪ LANADELUMAB

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

Note Special Pricing Arrangements apply.

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 1: New patient (commencing with no previous treatment with C1-INH for routine prophylaxis)

Clinical criteria:

- Patient must have experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment with this drug, **AND**
- Patient must not have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema at the time of application, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) garadacimab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

For the purposes of administering this restriction, acute attacks of hereditary angioedema are those of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate

The baseline measurement of the number of treated acute attacks of hereditary angioedema within the 6 months prior to initiating treatment must be provided at the time of submitting this application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 2: New patient (commencing from National Blood Authority-funded C1-INH)

Clinical criteria:

- Patient must have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema immediately prior to receiving lanadelumab, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) garadacimab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 3: New patient (transitioning from PBS-subsidised garadacimab)

Clinical criteria:

- Patient must have been receiving garadacimab through the PBS as routine prophylaxis for hereditary angioedema immediately prior to receiving this drug, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) garadacimab.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Continuing preventative treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with either: (i) a C1-esterase inhibitor concentrate, or (ii) garadacimab.

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be aged 12 years or older.

Patients who have successfully transitioned to a lower dosing frequency should be reviewed every 6 months to ensure they continue to demonstrate a sustained response

For the purposes of administering this restriction, an adequate response is a reduction of the baseline number of acute attacks of hereditary angioedema of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate. The details of the reduction must be documented in the patient's medical records for auditing purposes.

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

lanadelumab 300 mg/2 mL injection, 2 mL syringe

12790E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18772.46	25.00	Takhzyro [TK]

CARDIOVASCULAR SYSTEM

CARDIAC THERAPY

CARDIAC GLYCOSIDES

Digitalis glycosides

DIGOXIN

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

digoxin 50 microgram/mL oral liquid, 60 mL

3164M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*43.64	25.00	Lanoxin [AS]

digoxin 250 microgram tablet, 100

1322N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	18.10	19.64	[a] Sigmaxin [LN]
		[B]2.39	20.49	19.64	[a] Lanoxin [AS]

digoxin 62.5 microgram tablet, 200

2605D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	18.10	19.64	[a] Sigmaxin-PG [LN]
		[B]2.39	20.49	19.64	[a] Lanoxin-PG [AS]

ANTIARRHYTHMICS, CLASS I AND III

Antiarrhythmics, class Ia

DISOPYRAMIDE

Note Pharmaceutical benefits that have the form disopyramide 100 mg capsule in a pack size of 84 can be substituted for a pack size of 100 in the case of a shortage.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

disopyramide 100 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2923W NP	1	5	..	26.46	25.00	[a] Rythmodan [PB]

disopyramide 100 mg capsule, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13280Y NP	1.19	5	..	*85.96	25.00	[a] Rythmodan (UK) [YO]

Antiarrhythmics, class Ib

▪ LIDOCAINE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lidocaine hydrochloride 10% (500 mg/5 mL) injection, 10 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2876J NP	1	..	..	35.79	25.00	Xylocard 500 [AS]

Antiarrhythmics, class Ic

▪ FLECAINIDE

Caution Flecainide acetate should be avoided in patients with poor cardiac function.

Restricted benefit

Serious supra-ventricular cardiac arrhythmias

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Serious ventricular cardiac arrhythmias

Clinical criteria:

- The treatment must be initiated in a hospital.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

flecainide acetate 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1090J NP	1	5	..	29.13	25.00	[a] APO-Flecainide [TX] [a] Flecatab [AF]	[a] Flecainide Sandoz [SZ]
			[B]5.26	34.39	25.00	[a] Tambocor [IL]	

flecainide acetate 50 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1088G NP	1	5	..	26.27	25.00	[a] APO-Flecainide [TX] [a] Flecatab [AF]	[a] Flecainide Sandoz [SZ]
			[B]4.86	31.13	25.00	[a] Tambocor [IL]	

Antiarrhythmics, class III

▪ AMIODARONE

Note This drug has been reported to cause frequent and potentially serious toxicity.

Note Regular monitoring of hepatic and thyroid function is recommended.

Restricted benefit

Severe cardiac arrhythmias

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

amiodarone hydrochloride 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2344J NP	1	5	..	18.60	20.14	[a] Aratac 100 [AF]	[a] Cordarone X 100 [SW]

amiodarone hydrochloride 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2343H NP	1	5	..	18.60	20.14	[a] Amdarone [XT] [a] Aratac 200 [AF]	[a] Amiodarone Sandoz [SZ] [a] Cordarone X 200 [SW]

▪ SOTALOL

Restricted benefit

Severe cardiac arrhythmias

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sotalol hydrochloride 160 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2043M NP	1	5	..	21.07	22.61	[a] APX-Sotalol [TY] [a] Solavert [RF] [a] SOTALOL-WGR [WG]	[a] Cardol [AF] [a] Sotalol Sandoz [SZ]
			[B]4.84	25.91	22.61	[a] Sotacor [RW]	

sotalol hydrochloride 80 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8398B NP	1	5	..	18.09	19.63	[a] APX-Sotalol [TY] [a] Solavert [RF] [a] SOTALOL-WGR [WG]	[a] Cardol [AF] [a] Sotalol Sandoz [SZ]
			[B]4.50	22.59	19.63	[a] Sotacor [RW]	

CARDIAC STIMULANTS EXCL. CARDIAC GLYCOSIDES

Adrenergic and dopaminergic agents

▪ ADRENALINE (EPINEPHRINE)

Note Pharmaceutical benefits that have the form adrenaline 1 mg/mL ampoules for injection in a pack size of 10 can be substituted for a pack size of 5 in the case of a shortage.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1016L NP	1	1	..	21.78	23.32	Link Medical Products Pty Ltd [LM]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5004J DP	1	..	..	21.78	23.32	Link Medical Products Pty Ltd [LM]

▪ ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

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

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

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

Population criteria:

- Patient must be aged 4 years or older, **AND**

- Patient must weigh 15 kg or more.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Population criteria:

- Patient must be aged 4 years or older, **AND**
- Patient must weigh 15 kg or more.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

Population criteria:

- Patient must be aged 4 years or older, **AND**
- Patient must weigh 15 kg or more.

Adrenaline (epinephrine) 1 mg/actuation nasal spray, 2 x 1 actuation

15414G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	171.25	25.00	neffy [CS]

Adrenaline (epinephrine) 2 mg/actuation nasal spray, 2 x 1 actuation

15404R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	171.25	25.00	neffy [CS]

▪ ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

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

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

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 500 microgram/0.3 mL injection, 0.3 mL pen device

12655C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*156.52	25.00	Anapen 500 [XT]

▪ ADRENALINE (EPINEPHRINE)

Caution Non-Anapen and Anapen products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Adrenaline Viatris, Anapen 300 and EpiPen) and pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Jext) are equivalent for the purposes of substitution.

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

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

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

15355E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*156.52	25.00	[a] Jext [KB]

▪ ADRENALINE (EPINEPHRINE)

Caution Non-Anapen and Anapen products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device and pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device are equivalent for the purposes of substitution.

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

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

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device

15359J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*156.52	25.00	[a] Jext Jnr [KB]

▪ ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device and pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device are equivalent for the purposes of substitution.

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

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

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device

8697R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*156.52	25.00	[a] Adrenaline Jr Viatris [AF] [a] EpiPen Jr. [AL]	[a] Anapen Junior 150 [XT]

▪ ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Adrenaline Viatris, Anapen 300 and EpiPen) and pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Jext) are equivalent for the purposes of substitution.

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

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

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

8698T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*156.52	25.00	[a] Adrenaline Viatris [AF] [a] EpiPen [AL]	[a] Anapen 300 [XT]

VASODILATORS USED IN CARDIAC DISEASES

Organic nitrates

▪ GLYCERYL TRINITRATE

glyceryl trinitrate 10 mg/24 hours patch, 30

1516T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	34.99	25.00	Transiderm-Nitro 50 [SZ]

glyceryl trinitrate 5 mg/24 hours patch, 30

1515R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	30.10	25.00	Transiderm-Nitro 25 [SZ]

glyceryl trinitrate 5 mg/24 hours patch, 30

8027L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	30.10	25.00	Minitran 5 [IL]

▪ GLYCERYL TRINITRATE

Note The spray should not be inhaled.

glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

8171C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	26.62	25.00	Nitrolingual Pumpspray [SW]

▪ GLYCERYL TRINITRATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

glyceryl trinitrate 10 mg/24 hours patch, 30

13580R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*55.62	25.00	Transiderm-Nitro 50 [SZ]

glyceryl trinitrate 5 mg/24 hours patch, 30

13490B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*45.84	25.00	Transiderm-Nitro 25 [SZ]

glyceryl trinitrate 5 mg/24 hours patch, 30

14371J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*45.84	25.00	Minitran 5 [IL]

▪ GLYCERYL TRINITRATE

Note The spray should not be inhaled.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

13549D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*38.88	25.00	Nitrolingual Pumpspray [SW]

▪ ISOSORBIDE DINITRATE

isosorbide dinitrate 5 mg sublingual tablet, 100

2588F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*21.84	23.38	Isordil Sublingual [RW]

▪ ISOSORBIDE DINITRATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

isosorbide dinitrate 5 mg sublingual tablet, 100

13491C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	2	..	*29.32	25.00	Isordil Sublingual [RW]

▪ ISOSORBIDE MONONITRATE

isosorbide mononitrate 120 mg modified release tablet, 30

8273K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	21.46	23.00	[a] Monodur 120 mg [IY]
		[B]3.27	24.73	23.00	[a] Imdur 120 mg [IX]

isosorbide mononitrate 60 mg modified release tablet, 30

1558B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.10	19.64	[a] APO-Isosorbide Mononitrate [TX]	[a] Duride [AF]
					[a] ISOBIDE MR [RF]	[a] ISOSORBIDE MR-WGR [WG]
		[B]3.19	21.29	19.64	[a] Imdur Durule [IX]	

▪ ISOSORBIDE MONONITRATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

isosorbide mononitrate 120 mg modified release tablet, 30

13611J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*28.56	25.00	[a] Monodur 120 mg [IY]
		[B]6.54	*35.10	25.00	[a] Imdur 120 mg [IX]

isosorbide mononitrate 60 mg modified release tablet, 30

13461L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.84	23.38	[a] APO-Isosorbide Mononitrate [TX]	[a] Duride [AF]
					[a] ISOBIDE MR [RF]	[a] ISOSORBIDE MR-WGR [WG]
		[B]6.38	*28.22	23.38	[a] Imdur Durule [IX]	

Other vasodilators used in cardiac diseases

▪ NICORANDIL

nicorandil 10 mg tablet, 60

8228C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	22.78	24.32	[a] APO-Nicorandil [TX]	[a] Ikotab [AF]

nicorandil 20 mg tablet, 60

8229D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	26.08	25.00	[a] APO-Nicorandil [TX]	[a] Ikotab [AF]

▪ NICORANDIL

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

nicorandil 10 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13550E NP	‡2	5	..	*31.20	25.00	[a] APO-Nicorandil [TX]	[a] Ikotab [AF]

nicorandil 20 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13551F NP	‡2	5	..	*37.80	25.00	[a] APO-Nicorandil [TX]	[a] Ikotab [AF]

▪ PERHEXILINE

Note Regular monitoring of drug serum levels is recommended.

Authority required (STREAMLINED)

16111

Angina

Clinical criteria:

- The condition must not be responding to other therapy.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

perhexiline maleate 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1822X NP	1	5	..	54.61	25.00	Pexsig [AS]

▪ VERICIGUAT

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

13561

Chronic heart failure

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated.

vericiguat 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13189E NP	1	5	..	141.22	25.00	Verquvo [BN]

vericiguat 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13192H NP	1	5	..	141.22	25.00	Verquvo [BN]

vericiguat 2.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13178N NP	1	5	..	141.22	25.00	Verquvo [BN]

▪ VERICIGUAT

Note The date of the decompensation event and date of initiation of treatment with this drug must be documented in the patient's medical records when PBS-subsidised treatment is initiated.

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic heart failure

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a cardiologist; OR
- Must be treated by an authorised prescriber (medical practitioner, nurse practitioner) who has been directed to prescribe this medicine by a cardiologist.

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than 45%, **AND**
- The condition must be stabilised following a decompensation event that required at least one of: (i) hospitalisation in the past 6 months, (ii) intravenous diuretic therapy in the past three months, **AND**
- Patient must not have clinical signs of fluid overload, **AND**
- Patient must not have received intravenous treatment for fluid overload in the previous 24 hours, **AND**
- Patient must not have a systolic blood pressure less than 100 mmHg, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include a beta-blocker, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an ACE inhibitor, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin II antagonist, unless contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- The treatment must be an add-on therapy to optimal standard chronic heart failure treatment, which must include an angiotensin receptor with neprilysin inhibitor combination therapy unless contraindicated according to the TGA-approved Product Information or cannot be tolerated.

vericiguat 5 mg tablet, 28

13186B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	141.22	25.00	Verquvo [BN]

vericiguat 10 mg tablet, 28

13193J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	141.22	25.00	Verquvo [BN]

vericiguat 2.5 mg tablet, 28

13181R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	141.22	25.00	Verquvo [BN]

OTHER CARDIAC PREPARATIONS

Other cardiac preparations

▪ IVABRADINE

Authority required (STREAMLINED)

4979

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II or III, **AND**
- Patient must be in sinus rhythm, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%, **AND**
- Patient must have a resting heart rate at or above 77 bpm at the time ivabradine treatment is initiated, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include the maximum tolerated dose of a beta-blocker, unless contraindicated or not tolerated.

Resting heart rate should be measured by ECG or echocardiography, after 5 minutes rest.

The ECG or echocardiography, result must be documented in the patient's medical records when treatment is initiated.

ivabradine 5 mg tablet, 56

10012Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	46.72	25.00	[a] APO-Ivabradine [TX] [a] IVABRADINE-WGR [WG]	[a] Coralan [SE]

ivabradine 7.5 mg tablet, 56

2960T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	46.72	25.00	[a] APO-Ivabradine [TX]	[a] Coralan [SE]

▪ IVABRADINE

Authority required (STREAMLINED)

18079

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II or III, **AND**
- Patient must be in sinus rhythm, **AND**

- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%, **AND**
- Patient must have a resting heart rate at or above 77 bpm at the time ivabradine treatment is initiated, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include the maximum tolerated dose of a beta-blocker, unless contraindicated or not tolerated.

Resting heart rate should be measured by ECG or echocardiography, after 5 minutes rest.

The ECG or echocardiography, result must be documented in the patient's medical records when treatment is initiated.

ivabradine 5 mg tablet, 56

15270Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*79.08	25.00	[a] APO-Ivabradine [TX] [a] IVABRADINE-WGR [WG]	[a] Coralan [SE]

ivabradine 7.5 mg tablet, 56

15241E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*79.08	25.00	[a] APO-Ivabradine [TX]	[a] Coralan [SE]

▪ MAVACAMTEN

Caution The patient's condition should be assessed prior to receiving treatment and closely monitored throughout the treatment period.

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Symptomatic obstructive hypertrophic cardiomyopathy

Treatment Phase: Subsequent continuing treatment - Maintenance treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must be undergoing concomitant treatment with at least one of: (i) a beta-blocker (ii) non-dihydropyridine calcium channel blocker, unless at least one of the following is present: (a) a contraindication to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information; (b) an intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy, **AND**
- Patient must have a current left ventricular ejection fraction (LVEF) of no less than 50%, **AND**
- Patient must have demonstrated a response after at least 6 months on the optimal dose of mavacamten treatment defined as an improvement in at least one of the following: (i) symptoms, (ii) quality of life, (iii) exercise capacity, (iv) peak left ventricular outflow tract (LVOT) gradient.

Treatment criteria:

- Must be treated by a cardiologist; OR
- Must be treated by a consultant physician with experience in the management of hypertrophic cardiomyopathy.

mavacamten 10 mg capsule, 28

14138D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2336.27	25.00	Camzyos [BQ]

mavacamten 15 mg capsule, 28

14124J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2336.27	25.00	Camzyos [BQ]

mavacamten 2.5 mg capsule, 28

14123H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2336.27	25.00	Camzyos [BQ]

mavacamten 5 mg capsule, 28

14113T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2336.27	25.00	Camzyos [BQ]

▪ MAVACAMTEN

Caution The patient's condition should be assessed prior to receiving treatment and closely monitored throughout the treatment period.

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

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

Note Special Pricing Arrangements apply.

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

Authority required

Symptomatic obstructive hypertrophic cardiomyopathy

Treatment Phase: First continuing treatment (until at least 6 months on optimal dose is achieved)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the initial treatment restriction, **AND**
- Patient must be undergoing concomitant treatment with at least one of: (i) a beta-blocker (ii) non-dihydropyridine calcium channel blocker, unless at least one of the following is present: (a) a contraindication to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information; (b) an intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy, **AND**
- Patient must have a current left ventricular ejection fraction (LVEF) of no less than 50%, **AND**
- Patient must be titrating mavacamten treatment until optimal dose is achieved; OR
- Patient must be continuing mavacamten treatment to reach at least 6 months on the optimal dose prior to assessing the response.

Treatment criteria:

- Must be treated by a cardiologist; OR
- Must be treated by a consultant physician with experience in the management of hypertrophic cardiomyopathy.

The assessment of response must be conducted after at least 6 months on optimal dose to determine the patient's eligibility for maintenance treatment. Where an assessment is not undertaken, the patient will not be eligible for ongoing treatment. This treatment phase listing intends to provide up to 36 weeks of treatment in 3 treatment courses.

For the purposes of this restriction, an adequate response to treatment is defined as: an improvement in at least one of the following: (i) symptoms, (ii) quality of life, (iii) exercise capacity, (iv) peak left ventricular outflow tract (LVOT) gradient.

mavacamten 10 mg capsule, 28

14137C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	2336.27	25.00	Camzyos [BQ]

mavacamten 15 mg capsule, 28

14139E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	2336.27	25.00	Camzyos [BQ]

▪ MAVACAMTEN

Caution The patient's condition should be assessed prior to receiving treatment and closely monitored throughout the treatment period.

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

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

Note Special Pricing Arrangements apply.

Authority required

Symptomatic obstructive hypertrophic cardiomyopathy

Treatment Phase: Initial treatment (covering the first 12 weeks of therapy)

Clinical criteria:

- Patient must have confirmed left ventricular hypertrophy due to hypertrophic cardiomyopathy, **AND**
- Patient must have maximal end-diastolic left ventricular wall thickness which is at least one of either: (i) no less than 15 mm; (ii) no less than 13 mm if patient has familial hypertrophic cardiomyopathy (at least one first degree relative with a diagnosis of hypertrophic cardiomyopathy), **AND**
- Patient must have confirmed peak left ventricular outflow tract (LVOT) gradient of no less than 50 mm Hg which is measured either: (i) at rest; (ii) after provocation with at least one of (a) Valsalva manoeuvre, (b) exercise, **AND**
- Patient must have a current left ventricular ejection fraction (LVEF) of no less than 55%, **AND**
- Patient must have had prior treatments with each of a (i) beta-blocker and (ii) non-dihydropyridine calcium channel blocker, unless at least one of the following is present: (a) a contraindication to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information; (b) an intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy, **AND**
- Patient must be undergoing concomitant treatment with at least one of: (i) a beta-blocker (ii) non-dihydropyridine calcium channel blocker, unless at least one of the following is present: (a) a contraindication to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information; (b) an intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy, **AND**
- Patient must be symptomatic with NYHA classes II or III.

Treatment criteria:

- Must be treated by a cardiologist; OR
- Must be treated by a consultant physician with experience in the management of hypertrophic cardiomyopathy.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include all the following:

(1) Details of the proposed prescription; and

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

(3) The details of the echocardiogram and/ or cardiac magnetic resonance imaging (MRI) report confirming the diagnosis of hypertrophic cardiomyopathy (HCM). State all the following:

(a) the date, unique identifying number/code or provider number of the report;

(b) the left ventricular wall thickness in millimetres (mm).

(4) The details of a genotyping test report if the patient had been tested. State all the following:
(a) the date, unique identifying number/code or provider number of the report;
(b) if a gene has been identified that is associated with HCM;
(c) if any first-degree family relative has a confirmed diagnosis of HCM.
(5) The details of the LVOT gradient report. State all the following:
(a) the date, unique identifying number/code or provider number of the report;
(b) the measured LVOT gradient;
(c) how the LVOT gradient was measured (rest, Valsalva manoeuvre or exercise).
(6) NYHA status.
(7) The current beta-blocker or non-dihydropyridine calcium channel blocker (either diltiazem or verapamil only) therapy if applicable.
(8) Prior beta-blocker or non-dihydropyridine calcium channel blocker trials, including:
(a) if the patient is currently taking beta-blocker therapy, state the previous therapy with non-dihydropyridine calcium channel blocker that was trialled confirming that it was not effective;
(b) if the patient is currently taking non-dihydropyridine calcium channel blocker therapy, state the previous therapy with beta-blocker that was trialled confirming that it was not effective;
(c) if there is contraindication or intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information, specify the details.
All results and reports must be documented in the patient's medical records.

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

Authority required

Symptomatic obstructive hypertrophic cardiomyopathy

Treatment Phase: First continuing treatment (until at least 6 months on optimal dose is achieved)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the initial treatment restriction, **AND**
- Patient must be undergoing concomitant treatment with at least one of: (i) a beta-blocker (ii) non-dihydropyridine calcium channel blocker, unless at least one of the following is present: (a) a contraindication to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy as listed in the TGA approved Product Information; (b) an intolerance to beta-blocker and/or non-dihydropyridine calcium channel blocker therapy, **AND**
- Patient must have a current left ventricular ejection fraction (LVEF) of no less than 50%, **AND**
- Patient must be titrating mavacamten treatment until optimal dose is achieved; OR
- Patient must be continuing mavacamten treatment to reach at least 6 months on the optimal dose prior to assessing the response.

Treatment criteria:

- Must be treated by a cardiologist; OR
- Must be treated by a consultant physician with experience in the management of hypertrophic cardiomyopathy.

The assessment of response must be conducted after at least 6 months on optimal dose to determine the patient's eligibility for maintenance treatment. Where an assessment is not undertaken, the patient will not be eligible for ongoing treatment. This treatment phase listing intends to provide up to 36 weeks of treatment in 3 treatment courses.

For the purposes of this restriction, an adequate response to treatment is defined as: an improvement in at least one of the following: (i) symptoms, (ii) quality of life, (iii) exercise capacity, (iv) peak left ventricular outflow tract (LVOT) gradient.

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

mavacamten 2.5 mg capsule, 28

14135Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	2336.27	25.00	Camzyos [BQ]

mavacamten 5 mg capsule, 28

14117B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	2336.27	25.00	Camzyos [BQ]

ANTIHYPERTENSIVES

ANTIADRENERGIC AGENTS, CENTRALLY ACTING

Methyldopa

▪ METHYLDOPA

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

Authority required

Hypertension

Population criteria:

- Patient must be pregnant.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

methyldopa 250 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1629R NP MW	1	5	..	22.89	24.43	[a] Hydopa [AF]
			[B]3.47	26.36	24.43	[a] Aldomet [AS]

Imidazoline receptor agonists

▪ CLONIDINE

clonidine hydrochloride 100 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3145M NP	1	5	..	26.32	25.00	[a] APO-Clonidine [TX] [a] Clonidine Lupin [GQ]	[a] Catapres 100 [IX]

clonidine hydrochloride 150 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3141H NP	1	5	..	32.31	25.00	Catapres [IX]

▪ CLONIDINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

clonidine hydrochloride 100 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13578P NP	2	5	..	*38.28	25.00	[a] APO-Clonidine [TX] [a] Clonidine Lupin [GQ]	[a] Catapres 100 [IX]

clonidine hydrochloride 150 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13548C NP	2	5	..	*50.26	25.00	Catapres [IX]

▪ MOXONIDINE

Restricted benefit

Hypertension

Clinical criteria:

- Patient must be receiving concurrent antihypertensive therapy.

moxonidine 200 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9019Q NP	1	5	..	18.60	20.14	[a] APO-Moxonidine [TX] [a] Moxonidine GH [GQ] [a] Moxonidine Viatris [AL] [a] Moxotens [RF]	[a] ARX-MOXONIDINE [TY] [a] Moxonidine GX [SZ] [a] MOXONIDINE-WGR [WG] [a] Physiotens [GO]

moxonidine 400 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9020R NP	1	5	..	20.64	22.18	[a] APO-Moxonidine [TX] [a] Moxonidine GH [GQ] [a] Moxonidine Viatris [AL] [a] Moxotens [RF]	[a] ARX-MOXONIDINE [TY] [a] Moxonidine GX [SZ] [a] MOXONIDINE-WGR [WG] [a] Physiotens [GO]

▪ MOXONIDINE

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving concurrent antihypertensive therapy.

moxonidine 200 microgram tablet, 30

13579Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Moxonidine [TX] [a] Moxonidine GH [GQ] [a] Moxonidine Viatris [AL] [a] Moxotens [RF]	[a] ARX-MOXONIDINE [TY] [a] Moxonidine GX [SZ] [a] MOXONIDINE-WGR [WG] [a] Physiotens [GO]

moxonidine 400 microgram tablet, 30

13552G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*26.92	25.00	[a] APO-Moxonidine [TX] [a] Moxonidine GH [GQ] [a] Moxonidine Viatris [AL] [a] Moxotens [RF]	[a] ARX-MOXONIDINE [TY] [a] Moxonidine GX [SZ] [a] MOXONIDINE-WGR [WG] [a] Physiotens [GO]

ANTIADRENERGIC AGENTS, PERIPHERALLY ACTING

Alpha-adrenoreceptor antagonists

▪ PRAZOSIN

prazosin 2 mg tablet, 100

1480X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.07	21.61	[a] APO-Prazosin [TX]	[a] Minipress [PF]

prazosin 5 mg tablet, 100

1478T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	24.60	25.00	[a] APO-Prazosin [TX]	[a] Minipress [PF]

▪ PRAZOSIN

Note Pharmaceutical benefits that have the brand Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA) can be substituted for APO-Prazosin and Minipress in the case of a shortage.

prazosin 1 mg capsule, 100

14793N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	55.73	25.00	[a] Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA) [DZ]

prazosin 1 mg tablet, 100

1479W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.44	19.98	[a] APO-Prazosin [TX]	[a] Minipress [PF]

▪ PRAZOSIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

prazosin 2 mg tablet, 100

13400G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*25.78	25.00	[a] APO-Prazosin [TX]	[a] Minipress [PF]

prazosin 5 mg tablet, 100

13367M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*34.84	25.00	[a] APO-Prazosin [TX]	[a] Minipress [PF]

▪ PRAZOSIN

Note Pharmaceutical benefits that have the brand Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA) can be substituted for APO-Prazosin and Minipress in the case of a shortage.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

prazosin 1 mg capsule, 100

14834R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*97.10	25.00	[a] Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA) [DZ]

prazosin 1 mg tablet, 100

13553H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.52	24.06	[a] APO-Prazosin [TX]	[a] Minipress [PF]

ARTERIOLAR SMOOTH MUSCLE, AGENTS ACTING ON

Pyrimidine derivatives

▪ MINOXIDIL

Restricted benefit

Severe refractory hypertension

Clinical criteria:

- The treatment must be initiated by a consultant physician.

minoxidil 10 mg tablet, 100

2313R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	44.36	25.00	Loniten [PF]

NP

▪ MINOXIDIL

Restricted benefit

Severe refractory hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be initiated by a consultant physician.

minoxidil 10 mg tablet, 100

14041B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*74.36	25.00	Loniten [PF]

NP

▪ DIURETICS

LOW-CEILING DIURETICS, THIAZIDES

Thiazides, plain

▪ HYDROCHLOROTHIAZIDE

hydrochlorothiazide 25 mg tablet, 100

1484D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	22.27	23.81	Dithiazide [FF]

NP

▪ HYDROCHLOROTHIAZIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

hydrochlorothiazide 25 mg tablet, 100

13409R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*30.18	25.00	Dithiazide [FF]

NP

LOW-CEILING DIURETICS, EXCL. THIAZIDES

Sulfonamides, plain

▪ CHLORTALIDONE

chlortalidone 25 mg tablet, 50

1585K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*22.16	23.70	Hygroton 25 [GH]

NP

▪ CHLORTALIDONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

chlortalidone 25 mg tablet, 50

13500M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	1	..	*29.96	25.00	Hygroton 25 [GH]

NP

▪ INDAPAMIDE

indapamide hemihydrate 1.5 mg modified release tablet, 90

8532C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	19.67	21.21	[a] APO-Indapamide SR [TX] [a] Odaplix SR [AF]	[a] Natrilix SR [SE]

NP

indapamide hemihydrate 2.5 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2436F NP	1	1	..	18.60	20.14	[a] Dapa-Tabs [AF]	[a] Insig [RW]

▪ INDAPAMIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

indapamide hemihydrate 1.5 mg modified release tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13475F NP	2	1	..	*24.98	25.00	[a] APO-Indapamide SR [TX] [a] Odaplix SR [AF]	[a] Natrilix SR [SE]

indapamide hemihydrate 2.5 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13378D NP	2	1	..	*22.84	24.38	[a] Dapa-Tabs [AF]	[a] Insig [RW]

HIGH-CEILING DIURETICS

Sulfonamides, plain

▪ FUROSEMIDE

furosemide 20 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2413B NP	1	..	..	17.47	19.01	Lasix [SW]

furosemide 10 mg/mL oral liquid, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2411X NP	‡1	3	..	41.27	25.00	Lasix [SW]

furosemide 40 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2412Y NP	1	1	..	17.10	18.64	[a] APO-Frusemide [TX] [a] FUROSEMIDE-WGR [WG]	[a] Frusax [ZS] [a] Uremide [AF]
			[B]0.99	18.09	18.64	[a] Frusemix [TY]	

furosemide 500 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2415D NP	1	3	..	23.87	25.00	Urex-Forte [RW]

▪ FUROSEMIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

furosemide 10 mg/mL oral liquid, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13504R NP	‡2	3	..	*68.18	25.00	Lasix [SW]

furosemide 40 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13472C NP	2	1	..	*19.84	21.38	[a] APO-Frusemide [TX] [a] FUROSEMIDE-WGR [WG]	[a] Frusax [ZS] [a] Uremide [AF]
			[B]1.98	*21.82	21.38	[a] Frusemix [TY]	

furosemide 500 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13474E NP	2	3	..	*33.38	25.00	Urex-Forte [RW]

▪ FUROSEMIDE

Note For item codes 2414C and 1810G, pharmaceutical benefits that have the form tablet 20 mg are equivalent for the purposes of substitution.

furosemide 20 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1810G NP	2	1	..	*19.84	21.38	[a] Frusemix-M [TY]	[a] UREMIDE 20 [AF]

furosemide 20 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2414C NP	1	1	..	19.60	21.14	[a] APO-Frusemide [TX] [a] UREMIDE 20 [AF]	[a] FUROSEMIDE-WGR [WG]
			[B]1.01	20.61	21.14	[a] Frusemix-M [TY]	

▪ FUROSEMIDE

Note Pharmaceutical benefits that have the form furosemide 20 mg tablet, 50 and pharmaceutical benefits that have the form furosemide 20 mg tablet, 100 are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

furosemide 20 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13501N NP	4	1	..	*25.32	25.00	[a] Frusemix-M [TY]	[a] UREMIDE 20 [AF]

furosemide 20 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13473D NP	2	1	..	*24.84	25.00	[a] APO-Frusemide [TX] [a] UREMIDE 20 [AF]	[a] FUROSEMIDE-WGR [WG]
			[B]2.02	*26.86	25.00	[a] Frusemix-M [TY]	

ALDOSTERONE ANTAGONISTS AND OTHER POTASSIUM-SPARING AGENTS

Aldosterone antagonists

▪ EPLERENONE

Caution Serum electrolytes should be checked regularly

Authority required (STREAMLINED)

18461

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, **AND**
- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated.

eplerenone 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8879H NP	1	5	..	53.77	25.00	[a] APO-Eplerenone [TX] [a] Inpler [AF]	[a] ESPLER [RW] [a] Inspra [GO]

eplerenone 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8880J NP	1	5	..	53.77	25.00	[a] APO-Eplerenone [TX] [a] Inpler [AF]	[a] ESPLER [RW] [a] Inspra [GO]

▪ EPLERENONE

Caution Serum electrolytes should be checked regularly

Authority required (STREAMLINED)

18337

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, **AND**
- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated.

eplerenone 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13590G NP	2	5	..	*93.18	25.00	[a] APO-Eplerenone [TX] [a] Inpler [AF]	[a] ESPLER [RW] [a] Inspra [GO]

eplerenone 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13379E NP	2	5	..	*93.18	25.00	[a] APO-Eplerenone [TX] [a] Inpler [AF]	[a] ESPLER [RW] [a] Inspra [GO]

▪ FINERENONE

Caution Serum electrolytes should be checked regularly

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14097

Chronic kidney disease with Type 2 diabetes

Clinical criteria:

- Patient must have a diagnosis of chronic kidney disease, defined as abnormalities of at least one of: (i) kidney structure, (ii) kidney function, present for at least 3 months, prior to initiating treatment with this drug, **AND**
- Patient must not have known significant non-diabetic renal disease, prior to initiating treatment with this drug, **AND**
- Patient must have an estimated glomerular filtration rate of 25 mL/min/1.73 m^2 or greater, prior to initiating treatment with this drug, **AND**
- Patient must have a urinary albumin-to-creatinine ratio of 200 mg/g (22.6 mg/mmol) or greater, prior to initiating treatment with this drug, **AND**
- Patient must discontinue treatment with this drug prior to initiating renal replacement therapy, defined as dialysis or kidney transplant, **AND**
- Patient must be stabilised, for at least 4 weeks, on either: (i) an ACE inhibitor or (ii) an angiotensin II receptor antagonist, unless medically contraindicated, prior to initiation of combination therapy with this drug, **AND**
- The treatment must be in combination with an SGLT2i unless medically contraindicated or intolerant, **AND**
- Patient must not be receiving treatment with another selective nonsteroidal mineralocorticoid receptor antagonist, a renin inhibitor or a potassium-sparing diuretic, **AND**
- Patient must not have established heart failure with reduced ejection fraction with an indication for treatment with a mineralocorticoid receptor antagonist.

finerenone 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13335W NP	1	5	..	83.28	25.00	Kerendia [BN]

finerenone 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13316W NP	1	5	..	83.28	25.00	Kerendia [BN]

▪ SPIRONOLACTONE

Caution Serum electrolytes should be checked regularly

Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.

spironolactone 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2340E NP	1	5	..	28.72	25.00	[a] Spironolactone Viatris 100 [AL]
			[B]4.37	33.09	25.00	[a] Spiractin 100 [AF]
			[B]7.28	36.00	25.00	[a] Aldactone [PF]

spironolactone 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2339D NP	1	5	..	18.10	19.64	[a] Spironolactone Viatris 25 [AL]
			[B]4.42	22.52	19.64	[a] Spiractin 25 [AF]
			[B]7.33	25.43	19.64	[a] Aldactone [PF]

▪ SPIRONOLACTONE

Caution Serum electrolytes should be checked regularly

Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

spironolactone 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14042C NP	2	5	..	*43.08	25.00	[a] Spironolactone Viatris 100 [AL]
			[B]8.74	*51.82	25.00	[a] Spiractin 100 [AF]

			[B]14.56	*57.64	25.00	[a] Aldactone [PF]

spironolactone 25 mg tablet, 100

13503Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*21.84	23.38	[a] Spironolactone Viatris 25 [AL]
		[B]8.84	*30.68	23.38	[a] Spiractin 25 [AF]
		[B]14.66	*36.50	23.38	[a] Aldactone [PF]

DIURETICS AND POTASSIUM-SPARING AGENTS IN COMBINATION

Low-ceiling diuretics and potassium-sparing agents

▪ AMILORIDE + HYDROCHLOROTHIAZIDE

Caution Serum electrolytes should be checked regularly.

amiloride hydrochloride dihydrate 5 mg + hydrochlorothiazide 50 mg tablet, 50

1486F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*24.28	25.00	Moduretic [AS]

▪ AMILORIDE + HYDROCHLOROTHIAZIDE

Caution Serum electrolytes should be checked regularly.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

amiloride hydrochloride dihydrate 5 mg + hydrochlorothiazide 50 mg tablet, 50

13410T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	1	..	*34.20	25.00	Moduretic [AS]

OTHER DIURETICS

Vasopressin antagonists

▪ TOLVAPTAN

Caution Tolvaptan has been associated with idiosyncratic hepatic toxicity. Liver function monitoring is required.

Authority required

Autosomal dominant polycystic kidney disease (ADPKD)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a nephrologist.

Clinical criteria:

- Patient must have an estimated glomerular filtration rate (eGFR) between 30 and 89 mL/min 1.73 m^2 at the initiation of treatment with this drug for this condition, **AND**
- Patient must have or have had rapidly progressing disease at the time of initiation of this drug for this condition.

Rapidly progressing disease is defined as either of the following:

A decline in eGFR of greater than or equal to 5 mL/min/1.73 m^2 within one year;

OR

An average decline in eGFR of greater than or equal to 2.5 mL/min/1.73 m^2 per year over a five year period.

tolvaptan 15 mg tablet [28] (&) tolvaptan 45 mg tablet [28], 56

11602P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

tolvaptan 30 mg tablet [28] (&) tolvaptan 90 mg tablet [28], 56

11588X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

tolvaptan 15 mg tablet, 28

12460T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	282.47	25.00	Jinarc [OS]

tolvaptan 30 mg tablet, 28

12461W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	282.47	25.00	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 60 mg tablet [28], 56

11597J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

▪ TOLVAPTAN

Caution Tolvaptan has been associated with idiosyncratic hepatic toxicity. Liver function monitoring is required.

Authority required (STREAMLINED)

8288

Autosomal dominant polycystic kidney disease (ADPKD)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a nephrologist or in consultation with a nephrologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have end-stage renal disease defined as an estimated glomerular filtration rate (eGFR) of less than 15 mL/min/1.73m^2, **AND**
- Patient must not have had a kidney transplant.

tolvaptan 15 mg tablet [28] (&) tolvaptan 45 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11600M	1	5	..	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

tolvaptan 30 mg tablet [28] (&) tolvaptan 90 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11596H	1	5	..	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

tolvaptan 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12457P	1	5	..	282.47	25.00	Jinarc [OS]

tolvaptan 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12462X	1	5	..	282.47	25.00	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 60 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11593E	1	5	..	555.57	25.00	[a] Jinarc [OS]	[a] Tolvaptan Lupin [GQ]

▪ PERIPHERAL VASODILATORS

PERIPHERAL VASODILATORS

Other peripheral vasodilators

▪ PHENOXYBENZAMINE

Restricted benefit

Phaeochromocytoma

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Restricted benefit

Neurogenic urinary retention

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

phenoxybenzamine hydrochloride 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1166J NP	3	5	..	*659.16	25.00	Amdipharm Mercury (Australia) Pty Limited [GH]

phenoxybenzamine hydrochloride 10 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1862B NP	1	5	..	731.38	25.00	Dibenyline [GH]

▪ BETA BLOCKING AGENTS

BETA BLOCKING AGENTS

Beta blocking agents, non-selective

▪ PROPRANOLOL

propranolol hydrochloride 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2565B NP	1	5	..	17.66	19.20	[a] APO-Propranolol [TX]	[a] PROPRANOLOL-WGR [WG]
			[B]2.79	20.45	19.20	[a] Deralin 10 [AF]	
			[B]8.12	25.78	19.20	[a] Inderal [IX]	

propranolol hydrochloride 40 mg tablet, 100

2566C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.91	19.45	[a] APO-Propranolol [TX]	[a] PROPRANOLOL-WGR [WG]
		[B]2.80	20.71	19.45	[a] Deralin 40 [AF]	
		[B]8.13	26.04	19.45	[a] Inderal [IX]	

▪ PROPRANOLOL

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

propranolol hydrochloride 10 mg tablet, 100

13386M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*20.96	22.50	[a] APO-Propranolol [TX]	[a] PROPRANOLOL-WGR [WG]
		[B]5.58	*26.54	22.50	[a] Deralin 10 [AF]	
		[B]16.24	*37.20	22.50	[a] Inderal [IX]	

propranolol hydrochloride 40 mg tablet, 100

13542R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.46	23.00	[a] APO-Propranolol [TX]	[a] PROPRANOLOL-WGR [WG]
		[B]5.60	*27.06	23.00	[a] Deralin 40 [AF]	
		[B]16.26	*37.72	23.00	[a] Inderal [IX]	

Beta blocking agents, selective

▪ ATENOLOL

atenolol 50 mg tablet, 30

1081X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.10	18.64	[a] APX-Atenolol [TY] [a] Atenolol Sandoz [SZ] [a] Blooms The Chemist Atenolol [BG] [a] Tensig [RW]	[a] Atenolol GH [GQ] [a] ATENOLOL-WGR [WG] [a] Noten [AF]
		[B]12.93	30.03	18.64	[a] Tenormin [IX]	

▪ ATENOLOL

Restricted benefit

For a patient who is unable to take a solid dose form of atenolol.

atenolol 50 mg/10 mL oral liquid, 300 mL

2243C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	50.37	25.00	Atenolol-AFT [AE]

▪ ATENOLOL

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

atenolol 50 mg tablet, 30

13540P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*19.84	21.38	[a] APX-Atenolol [TY] [a] Atenolol Sandoz [SZ] [a] Blooms The Chemist Atenolol [BG] [a] Tensig [RW]	[a] Atenolol GH [GQ] [a] ATENOLOL-WGR [WG] [a] Noten [AF]
		[B]25.86	*45.70	21.38	[a] Tenormin [IX]	

▪ ATENOLOL

Restricted benefit

For a patient who is unable to take a solid dose form of atenolol.

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

atenolol 50 mg/10 mL oral liquid, 300 mL

13600T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*86.38	25.00	Atenolol-AFT [AE]

▪ BISOPROLOL

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

bisoprolol fumarate 10 mg tablet, 28

8606Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.00	20.54	[a] APO-Bisoprolol [TX] [a] Bisoprolol generichealth [GQ] [a] BISOPROLOL-WGR [WG]	[a] Bicard 10 [RW] [a] Bisoprolol Sandoz [SZ] [a] Bispro 10 [AF]
			[B]3.69	22.69	20.54	[a] Bicor [AL]	

bisoprolol fumarate 2.5 mg tablet, 28

8604W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-Bisoprolol [TX] [a] Bisoprolol generichealth [GQ] [a] BISOPROLOL-WGR [WG]	[a] Bicard 2.5 [RW] [a] Bisoprolol Sandoz [SZ] [a] Bispro 2.5 [AF]
			[B]5.27	23.87	20.14	[a] Bicor [AL]	

bisoprolol fumarate 5 mg tablet, 28

8605X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-Bisoprolol [TX] [a] Bisoprolol generichealth [GQ] [a] BISOPROLOL-WGR [WG]	[a] Bicard 5 [RW] [a] Bisoprolol Sandoz [SZ] [a] Bispro 5 [AF]
			[B]4.18	22.78	20.14	[a] Bicor [AL]	

▪ BISOPROLOL

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

bisoprolol fumarate 10 mg tablet, 28

13444N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*23.64	25.00	[a] APO-Bisoprolol [TX] [a] Bisoprolol generichealth [GQ] [a] BISOPROLOL-WGR [WG]	[a] Bicard 10 [RW] [a] Bisoprolol Sandoz [SZ] [a] Bispro 10 [AF]
			[B]7.38	*31.02	25.00	[a] Bicor [AL]	

bisoprolol fumarate 2.5 mg tablet, 28

13419G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Bisoprolol [TX] [a] Bisoprolol generichealth [GQ] [a] BISOPROLOL-WGR [WG]	[a] Bicard 2.5 [RW] [a] Bisoprolol Sandoz [SZ] [a] Bispro 2.5 [AF]
			[B]10.54	*33.38	24.38	[a] Bicor [AL]	

bisoprolol fumarate 5 mg tablet, 28

13443M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Bisoprolol [TX] [a] Bisoprolol generichealth [GQ] [a] BISOPROLOL-WGR [WG]	[a] Bicard 5 [RW] [a] Bisoprolol Sandoz [SZ] [a] Bispro 5 [AF]
			[B]8.36	*31.20	24.38	[a] Bicor [AL]	

▪ METOPROLOL SUCCINATE

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

METOPROLOL SUCCINATE Tablet 190 mg (controlled release), 30

8735R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	41.97	25.00	[a] Metrol-XL 190 [RW] [a] Topreloc-XL [CR]	[a] Minax XL [AF] [a] Toprol-XL 190 [AP]

METOPROLOL SUCCINATE Tablet 23.75 mg (controlled release), 15

8732N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	18.60	20.14	[a] Metrol-XL 23.75 [RW] [a] Topreloc-XL [CR]	[a] Minax XL [AF]

METOPROLOL SUCCINATE Tablet 47.5 mg (controlled release), 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8733P NP	1	5	..	32.03	25.00	[a] Metrol-XL 47.5 [RW] [a] Topreloc-XL [CR]	[a] Minax XL [AF] [a] Toprol-XL 47.5 [AP]

METOPROLOL SUCCINATE Tablet 95 mg (controlled release), 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8734Q NP	1	5	..	36.44	25.00	[a] Metrol-XL 95 [RW] [a] Topreloc-XL [CR]	[a] Minax XL [AF] [a] Toprol-XL 95 [AP]

▪ METOPROLOL SUCCINATE

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

METOPROLOL SUCCINATE Tablet 190 mg (controlled release), 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13420H NP	2	5	..	*69.58	25.00	[a] Metrol-XL 190 [RW] [a] Topreloc-XL [CR]	[a] Minax XL [AF] [a] Toprol-XL 190 [AP]

METOPROLOL SUCCINATE Tablet 47.5 mg (controlled release), 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13543T NP	2	5	..	*49.70	25.00	[a] Metrol-XL 47.5 [RW] [a] Topreloc-XL [CR]	[a] Minax XL [AF] [a] Toprol-XL 47.5 [AP]

METOPROLOL SUCCINATE Tablet 95 mg (controlled release), 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13544W NP	2	5	..	*58.52	25.00	[a] Metrol-XL 95 [RW] [a] Topreloc-XL [CR]	[a] Minax XL [AF] [a] Toprol-XL 95 [AP]

▪ METOPROLOL TARTRATE

METOPROLOL TARTRATE Tablet 100 mg, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1325R NP	1	5	..	17.36	18.90	Mistrom [ZS] [a] APO-Metoprolol [TX] [a] METOPROLOL-WGR [WG] [a] Minax 100 [AF]	 [a] Metoprolol Sandoz [SZ] [a] Metrol 100 [RW]
			[B]12.63	29.99	18.90	[a] Betaloc [AP]	

METOPROLOL TARTRATE Tablet 50 mg, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1324Q NP	1	5	..	17.10	18.64	Mistrom [ZS] [a] APO-Metoprolol [TX] [a] METOPROLOL-WGR [WG] [a] Minax 50 [AF]	 [a] Metoprolol Sandoz [SZ] [a] Metrol 50 [RW]
			[B]12.64	29.74	18.64	[a] Betaloc [AP]	

▪ METOPROLOL TARTRATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

METOPROLOL TARTRATE Tablet 100 mg, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13541Q NP	2	5	..	*20.36	21.90	Mistrom [ZS] [a] APO-Metoprolol [TX] [a] METOPROLOL-WGR [WG] [a] Minax 100 [AF]	 [a] Metoprolol Sandoz [SZ] [a] Metrol 100 [RW]
			[B]25.26	*45.62	21.90	[a] Betaloc [AP]	

METOPROLOL TARTRATE Tablet 50 mg, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13598Q NP	2	5	..	*19.84	21.38	Mistrom [ZS] [a] APO-Metoprolol [TX] [a] METOPROLOL-WGR [WG] [a] Minax 50 [AF]	 [a] Metoprolol Sandoz [SZ] [a] Metrol 50 [RW]
			[B]25.28	*45.12	21.38	[a] Betaloc [AP]	

▪ NEBIVOLOL

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

nebivolol 1.25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9316H NP	2	5	..	*32.28	25.00	[a] APO-Nebivolol [TX] [a] Nebivolol Lupin [GQ] [a] Nebivolol Viatris [AL] [a] Nepiten [AF]	[a] Nebilet [FK] [a] Nebivolol Sandoz [SZ] [a] NEBIVOLOL-WGR [WG]

nebivolol 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9312D NP	1	5	..	39.64	25.00	[a] APO-Nebivolol [TX] [a] Nebilet [FK] [a] Nebivolol Sandoz [SZ] [a] Nepiten [AF]	[a] Nebaloc [CR] [a] Nebivolol Lupin [GQ] [a] NEBIVOLOL-WGR [WG]

nebivolol 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9311C NP	1	5	..	36.72	25.00	[a] APO-Nebivolol [TX] [a] Nebilet [FK] [a] Nebivolol Sandoz [SZ] [a] Nepiten [AF]	[a] Nebaloc [CR] [a] Nebivolol Lupin [GQ] [a] NEBIVOLOL-WGR [WG]

▪ NEBIVOLOL

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

nebivolol 1.25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13568D NP	4	5	..	*50.20	25.00	[a] APO-Nebivolol [TX] [a] Nebivolol Lupin [GQ] [a] Nebivolol Viatris [AL] [a] Nepiten [AF]	[a] Nebilet [FK] [a] Nebivolol Sandoz [SZ] [a] NEBIVOLOL-WGR [WG]

nebivolol 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13441K NP	2	5	..	*64.92	25.00	[a] APO-Nebivolol [TX] [a] Nebilet [FK] [a] Nebivolol Sandoz [SZ] [a] Nepiten [AF]	[a] Nebaloc [CR] [a] Nebivolol Lupin [GQ] [a] NEBIVOLOL-WGR [WG]

nebivolol 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13510C NP	2	5	..	*59.08	25.00	[a] APO-Nebivolol [TX] [a] Nebilet [FK] [a] Nebivolol Sandoz [SZ] [a] Nepiten [AF]	[a] Nebaloc [CR] [a] Nebivolol Lupin [GQ] [a] NEBIVOLOL-WGR [WG]

Alpha and beta blocking agents

▪ CARVEDILOL

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

Restricted benefit

Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002

carvedilol 12.5 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8257N NP	1	5	..	18.60	20.14	[a] APO-Carvedilol [TX] [a] CARVEDILOL-WGR [WG]	[a] Carvedilol Sandoz [SZ] [a] Carvidol [RF]

						[a] Dicarz [AF]	[a] Dilatrend 12.5 [PB]
						[a] Vedilol 12.5 [RW]	[a] Volirop 12.5 [ZS]

carvedilol 25 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8258P NP	1	5	..	19.39	20.93	[a] APO-Carvedilol [TX] [a] CARVEDILOL-WGR [WG] [a] Dicarz [AF] [a] Vedilol 25 [RW]	[a] Carvedilol Sandoz [SZ] [a] Carvidol [RF] [a] Dilatrend 25 [PB] [a] Volirop 25 [ZS]

carvedilol 3.125 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8255L NP	1	..	..	17.93	19.47	[a] APO-Carvedilol [TX] [a] Vedilol 3.125 [RW]	[a] Carvidol [RF] [a] Volirop 3.125 [ZS]

carvedilol 6.25 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8256M NP	1	5	..	18.60	20.14	[a] APO-Carvedilol [TX] [a] CARVEDILOL-WGR [WG] [a] Dicarz [AF] [a] Vedilol 6.25 [RW]	[a] Carvedilol Sandoz [SZ] [a] Carvidol [RF] [a] Dilatrend 6.25 [PB] [a] Volirop 6.25 [ZS]

▪ CARVEDILOL

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

Restricted benefit

Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

carvedilol 12.5 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13418F NP	2	5	..	*22.84	24.38	[a] APO-Carvedilol [TX] [a] CARVEDILOL-WGR [WG] [a] Dicarz [AF] [a] Vedilol 12.5 [RW]	[a] Carvedilol Sandoz [SZ] [a] Carvidol [RF] [a] Dilatrend 12.5 [PB] [a] Volirop 12.5 [ZS]

carvedilol 25 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13387N NP	2	5	..	*24.42	25.00	[a] APO-Carvedilol [TX] [a] CARVEDILOL-WGR [WG] [a] Dicarz [AF] [a] Vedilol 25 [RW]	[a] Carvedilol Sandoz [SZ] [a] Carvidol [RF] [a] Dilatrend 25 [PB] [a] Volirop 25 [ZS]

carvedilol 6.25 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13417E NP	2	5	..	*22.84	24.38	[a] APO-Carvedilol [TX] [a] CARVEDILOL-WGR [WG] [a] Dicarz [AF] [a] Vedilol 6.25 [RW]	[a] Carvedilol Sandoz [SZ] [a] Carvidol [RF] [a] Dilatrend 6.25 [PB] [a] Volirop 6.25 [ZS]

▪ LABETALOL

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

labetalol hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1566K NP MW	1	5	..	31.50	25.00	Presolol 100 [AF]

▪ LABETALOL

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

labetalol hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13887X NP	2	5	..	*48.64	25.00	Presolol 100 [AF]

▪ CALCIUM CHANNEL BLOCKERS

SELECTIVE CALCIUM CHANNEL BLOCKERS WITH MAINLY VASCULAR EFFECTS

Dihydropyridine derivatives

▪ AMLODIPINE

amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2751T NP	1	5	..	17.10	18.64	[a] Amlo 5 [RW] [a] Amlodipine Sandoz [SZ] [a] APO-Amlodipine [TX] [a] Blooms Amlodipine [BG] [a] Pharmacor Amlodipine [CR]	[a] Amlodipine GH [GQ] [a] AMLODIPINE-WGR [WG] [a] APX-AMLODIPINE [TW] [a] Nordip [AF]
			[B]10.73	27.83	18.64	[a] Norvasc [AS]	

amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2752W NP	1	5	..	17.10	18.64	[a] Amlo 10 [RW] [a] Amlodipine Sandoz [SZ] [a] APO-Amlodipine [TX] [a] Blooms Amlodipine [BG] [a] Pharmacor Amlodipine [CR]	[a] Amlodipine GH [GQ] [a] AMLODIPINE-WGR [WG] [a] APX-AMLODIPINE [TW] [a] Nordip [AF]
			[B]10.74	27.84	18.64	[a] Norvasc [AS]	

▪ AMLODIPINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13532F NP	2	5	..	*19.84	21.38	[a] Amlo 5 [RW] [a] Amlodipine Sandoz [SZ] [a] APO-Amlodipine [TX] [a] Blooms Amlodipine [BG] [a] Pharmacor Amlodipine [CR]	[a] Amlodipine GH [GQ] [a] AMLODIPINE-WGR [WG] [a] APX-AMLODIPINE [TW] [a] Nordip [AF]
			[B]21.46	*41.30	21.38	[a] Norvasc [AS]	

amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13562T NP	2	5	..	*19.84	21.38	[a] Amlo 10 [RW] [a] Amlodipine Sandoz [SZ] [a] APO-Amlodipine [TX] [a] Blooms Amlodipine [BG] [a] Pharmacor Amlodipine [CR]	[a] Amlodipine GH [GQ] [a] AMLODIPINE-WGR [WG] [a] APX-AMLODIPINE [TW] [a] Nordip [AF]
			[B]21.48	*41.32	21.38	[a] Norvasc [AS]	

▪ FELODIPINE

felodipine 10 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2367N NP	1	5	..	21.44	22.98	[a] Felodil XR 10 [RW]	[a] Felodur ER 10 mg [IY]
			[B]3.64	25.08	22.98	[a] Plendil ER [IX]	

felodipine 2.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2361G NP	1	5	..	17.71	19.25	[a] Felodil XR 2.5 [XT] [a] Plendil ER [IX]	[a] Felodur ER 2.5 mg [IY]

felodipine 5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2366M NP	1	5	..	18.35	19.89	[a] Felodil XR 5 [RW]	[a] Felodur ER 5 mg [IY]
			[B]3.69	22.04	19.89	[a] Plendil ER [IX]	

▪ FELODIPINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

felodipine 10 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13531E NP	2	5	..	*28.52	25.00	[a] Felodil XR 10 [RW]	[a] Felodur ER 10 mg [IY]
			[B]7.28	*35.80	25.00	[a] Plendil ER [IX]	

felodipine 2.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13377C NP	2	5	..	*21.06	22.60	[a] Felodil XR 2.5 [XT] [a] Plendil ER [IX]	[a] Felodur ER 2.5 mg [IY]

felodipine 5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13561R NP	2	5	..	*22.34	23.88	[a] Felodil XR 5 [RW]	[a] Felodur ER 5 mg [IY]
			[B]7.38	*29.72	23.88	[a] Plendil ER [IX]	

▪ LERCANIDIPINE

lercanidipine hydrochloride 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8534E NP	1	5	..	17.10	18.64	[a] ARX-LERCANIDIPINE [TX] [a] LERCANIDIPINE-WGR [WG]	[a] Lercan [RW] [a] Zircol 10 [AL]
			[B]3.27	20.37	18.64	[a] Zanidip [GO]	

lercanidipine hydrochloride 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8679T NP	1	5	..	18.10	19.64	[a] ARX-LERCANIDIPINE [TX] [a] LERCANIDIPINE-WGR [WG]	[a] Lercan [RW] [a] Zircol 20 [AL]
			[B]3.30	21.40	19.64	[a] Zanidip [GO]	

▪ LERCANIDIPINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

lercanidipine hydrochloride 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13411W NP	2	5	..	*19.84	21.38	[a] ARX-LERCANIDIPINE [TX] [a] LERCANIDIPINE-WGR [WG]	[a] Lercan [RW] [a] Zircol 10 [AL]
			[B]6.54	*26.38	21.38	[a] Zanidip [GO]	

lercanidipine hydrochloride 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13412X NP	2	5	..	*21.84	23.38	[a] ARX-LERCANIDIPINE [TX] [a] LERCANIDIPINE-WGR [WG]	[a] Lercan [RW] [a] Zircol 20 [AL]
			[B]6.60	*28.44	23.38	[a] Zanidip [GO]	

▪ NIFEDIPINE

nifedipine 30 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1906H NP	1	5	..	21.05	22.59	APO-Nifedipine XR [TX]

nifedipine 60 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1907J NP	1	5	..	22.76	24.30	APO-Nifedipine XR [TX]

▪ NIFEDIPINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

nifedipine 30 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13502P NP	2	5	..	*27.74	25.00	APO-Nifedipine XR [TX]

nifedipine 60 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13376B NP	2	5	..	*31.16	25.00	APO-Nifedipine XR [TX]

SELECTIVE CALCIUM CHANNEL BLOCKERS WITH DIRECT CARDIAC EFFECTS

Phenylalkylamine derivatives

▪ VERAPAMIL

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

verapamil hydrochloride 180 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2208F NP	1	5	..	19.57	21.11	[a] Cordilox 180 SR [GT]
			[B]3.41	22.98	21.11	[a] Isoptin 180 SR [GO]

verapamil hydrochloride 240 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1241H NP	1	5	..	21.28	22.82	[a] Cordilox SR [GT]
			[B]3.40	24.68	22.82	[a] Isoptin SR [GO]

verapamil hydrochloride 80 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1250T NP	1	5	..	20.78	22.32	[a] Anpec 80 [AF]
			[B]3.01	23.79	22.32	[a] Isoptin [GO]

▪ VERAPAMIL

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

verapamil hydrochloride 180 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13434C NP	2	5	..	*24.78	25.00	[a] Cordilox 180 SR [GT]
			[B]6.82	*31.60	25.00	[a] Isoptin 180 SR [GO]

verapamil hydrochloride 240 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13408Q NP	2	5	..	*28.20	25.00	[a] Cordilox SR [GT]
			[B]6.80	*35.00	25.00	[a] Isoptin SR [GO]

verapamil hydrochloride 80 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13530D NP	2	5	..	*27.20	25.00	[a] Anpec 80 [AF]
			[B]6.02	*33.22	25.00	[a] Isoptin [GO]

Benzothiazepine derivatives

▪ DILTIAZEM

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

diltiazem hydrochloride 180 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1312C NP	1	5	..	19.99	21.53	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]1.59	21.58	21.53	[a] Cardizem CD [SW]	

diltiazem hydrochloride 240 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1313D NP	1	5	..	21.96	23.50	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]1.60	23.56	23.50	[a] Cardizem CD [SW]	

diltiazem hydrochloride 360 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8480H NP	1	5	..	25.92	25.00	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]1.83	27.75	25.00	[a] Cardizem CD [SW]	

diltiazem hydrochloride 60 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1335G NP	1	5	..	22.08	23.62	[a] Vasocardol [AV]
			[B]1.84	23.92	23.62	[a] Cardizem [SW]

▪ DILTIAZEM

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

diltiazem hydrochloride 180 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14564M NP	2	5	..	*25.62	25.00	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]3.18	*28.80	25.00	[a] Cardizem CD [SW]	

diltiazem hydrochloride 240 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14508N NP	2	5	..	*29.56	25.00	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]3.20	*32.76	25.00	[a] Cardizem CD [SW]	

diltiazem hydrochloride 360 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14565N NP	2	5	..	*37.48	25.00	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]3.66	*41.14	25.00	[a] Cardizem CD [SW]	

diltiazem hydrochloride 60 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14479C NP	2	5	..	*29.80	25.00	[a] Vasocardol [AV]
			[B]3.68	*33.48	25.00	[a] Cardizem [SW]

▪ AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM

ACE INHIBITORS, PLAIN

ACE inhibitors, plain

▪ CAPTOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Patients unable to take a solid dose form of an ACE inhibitor.

captopril 5 mg/mL oral liquid, 95 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8760C NP	‡1	5	..	107.31	25.00	Capoten [RW]

▪ ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

enalapril maleate 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1368B NP	1	5	..	17.97	19.51	[a] Acetec [AL] [a] Enalapril Sandoz [SZ] [a] Malean [RW]	[a] APO-Enalapril [TX] [a] ENALAPRIL-WGR [WG]
			[B]10.00	27.97	19.51	[a] Renitec [AF]	

enalapril maleate 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1369C NP	1	5	..	18.25	19.79	[a] Acetec [AL] [a] Enalapril Sandoz [SZ] [a] Malean [RW]	[a] APO-Enalapril [TX] [a] ENALAPRIL-WGR [WG]
			[B]10.00	28.25	19.79	[a] Renitec 20 [AF]	

enalapril maleate 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1370D NP	1	5	..	17.10	18.64	[a] Acetec [AL] [a] Enalapril Sandoz [SZ] [a] Malean [RW]	[a] APO-Enalapril [TX] [a] ENALAPRIL-WGR [WG]

▪ ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

enalapril maleate 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13465Q NP	2	5	..	*21.58	23.12	[a] Acetec [AL] [a] Enalapril Sandoz [SZ] [a] Malean [RW]	[a] APO-Enalapril [TX] [a] ENALAPRIL-WGR [WG]
			[B]20.00	*41.58	23.12	[a] Renitec [AF]	

enalapril maleate 20 mg tablet, 30

13401H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.14	23.68	[a] Acetec [AL] [a] Enalapril Sandoz [SZ] [a] Malean [RW]	[a] APO-Enalapril [TX] [a] ENALAPRIL-WGR [WG]
			[B]20.00	*42.14	23.68	[a] Renitec 20 [AF]	

enalapril maleate 5 mg tablet, 30

13369P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] Acetec [AL] [a] Enalapril Sandoz [SZ] [a] Malean [RW]	[a] APO-Enalapril [TX] [a] ENALAPRIL-WGR [WG]

▪ FOSINOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

fosinopril sodium 10 mg tablet, 30

1182F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.78	20.32	[a] APO-Fosinopril [TX]	[a] Monace 10 [AF]

fosinopril sodium 20 mg tablet, 30

1183G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.87	22.41	[a] APO-Fosinopril [TX]	[a] Monace 20 [AF]

▪ LISINOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

lisinopril 10 mg tablet, 30

2457H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.10	19.64	[a] APO-Lisinopril [TX] [a] Lisinopril Sandoz [SZ] [a] Zinopril 10 [AL]	[a] Fibsol 10 [RW] [a] LISINOPRIL-WGR [WG]
			[B]4.60	22.70	19.64	[a] Zestril [IX]	

lisinopril 20 mg tablet, 30

2458J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.39	19.93	[a] APO-Lisinopril [TX] [a] Lisinopril Sandoz [SZ] [a] Zinopril 20 [AL]	[a] Fibsol 20 [RW] [a] LISINOPRIL-WGR [WG]
			[B]4.62	23.01	19.93	[a] Zestril [IX]	

lisinopril 5 mg tablet, 30

2456G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.11	18.65	[a] APO-Lisinopril [TX] [a] Lisinopril Sandoz [SZ] [a] Zinopril 5 [AL]	[a] Fibsol 5 [RW] [a] LISINOPRIL-WGR [WG]
			[B]4.56	21.67	18.65	[a] Zestril [IX]	

▪ LISINOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

lisinopril 10 mg tablet, 30

13584Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.84	23.38	[a] APO-Lisinopril [TX] [a] Lisinopril Sandoz [SZ] [a] Zinopril 10 [AL]	[a] Fibsol 10 [RW] [a] LISINOPRIL-WGR [WG]
			[B]9.20	*31.04	23.38	[a] Zestril [IX]	

lisinopril 20 mg tablet, 30

13402J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.42	23.96	[a] APO-Lisinopril [TX] [a] Lisinopril Sandoz [SZ] [a] Zinopril 20 [AL]	[a] Fibsol 20 [RW] [a] LISINOPRIL-WGR [WG]
			[B]9.24	*31.66	23.96	[a] Zestril [IX]	

lisinopril 5 mg tablet, 30

13583X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.86	21.40	[a] APO-Lisinopril [TX] [a] Lisinopril Sandoz [SZ]	[a] Fibsol 5 [RW] [a] LISINOPRIL-WGR [WG]

					[a] Zinopril 5 [AL]
	[B]9.12	*28.98	21.40		[a] Zestril [IX]

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 2 mg tablet and pharmaceutical benefits that have the form perindopril arginine 2.5 mg tablet are equivalent for the purposes of substitution.

perindopril arginine 2.5 mg tablet, 30

9006B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.10	18.64	[a] APO-Perindopril Arginine [TX] [a] Perindopril Arginine Sandoz [SZ] [a] PREXUM 2.5 [RX]	[a] APX-Perindopril Arginine [XT] [a] Perindopril Arginine-WGR [WG]
			[B]9.34	26.44	18.64	[a] Coversyl 2.5mg [SE]	

perindopril erbumine 2 mg tablet, 30

3050M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.10	18.64	[a] APO-Perindopril [TX] [a] PERISYL [AL]	[a] PERINDOPRIL-WGR [WG]

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 4 mg tablet and pharmaceutical benefits that have the form perindopril arginine 5 mg tablet are equivalent for the purposes of substitution.

perindopril arginine 5 mg tablet, 30

9007C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.76	19.30	[a] APO-Perindopril Arginine [TX] [a] Perindopril Arginine Sandoz [SZ] [a] PREXUM 5 [RX]	[a] APX-Perindopril Arginine [XT] [a] Perindopril Arginine-WGR [WG]
			[B]9.06	26.82	19.30	[a] Coversyl 5mg [SE]	

perindopril erbumine 4 mg tablet, 30

3051N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.76	19.30	[a] APO-Perindopril [TX] [a] PERISYL [AL]	[a] PERINDOPRIL-WGR [WG]

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 8 mg tablet and pharmaceutical benefits that have the form perindopril arginine 10 mg tablet are equivalent for the purposes of substitution.

perindopril erbumine 8 mg tablet, 30

8704D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-Perindopril [TX] [a] PERISYL [AL]	[a] PERINDOPRIL-WGR [WG]

perindopril arginine 10 mg tablet, 30

9008D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-Perindopril Arginine [TX] [a] Perindopril Arginine Sandoz [SZ] [a] PREXUM 10 [RX]	[a] APX-Perindopril Arginine [XT] [a] Perindopril Arginine-WGR [WG]
			[B]9.39	27.99	20.14	[a] Coversyl 10mg [SE]	

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 4 mg tablet and pharmaceutical benefits that have the form perindopril arginine 5 mg tablet are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril arginine 5 mg tablet, 30

13585B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.16	22.70	[a] APO-Perindopril Arginine [TX] [a] Perindopril Arginine Sandoz [SZ] [a] PREXUM 5 [RX]	[a] APX-Perindopril Arginine [XT] [a] Perindopril Arginine-WGR [WG]
			[B]18.12	*39.28	22.70	[a] Coversyl 5mg [SE]	

perindopril erbumine 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13371R NP	2	5	..	*21.16	22.70	[a] APO-Perindopril [TX] [a] PERISYL [AL]	[a] PERINDOPRIL-WGR [WG]

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 8 mg tablet and pharmaceutical benefits that have the form perindopril arginine 10 mg tablet are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril erbumine 8 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13372T NP	2	5	..	*22.84	24.38	[a] APO-Perindopril [TX] [a] PERISYL [AL]	[a] PERINDOPRIL-WGR [WG]

perindopril arginine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13555K NP	2	5	..	*22.84	24.38	[a] APO-Perindopril Arginine [TX] [a] Perindopril Arginine Sandoz [SZ] [a] PREXUM 10 [RX]	[a] APX-Perindopril Arginine [XT] [a] Perindopril Arginine-WGR [WG]
			[B]18.78	*41.62	24.38	[a] Coversyl 10mg [SE]	

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 2 mg tablet and pharmaceutical benefits that have the form perindopril arginine 2.5 mg tablet are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril arginine 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13494F NP	2	5	..	*19.84	21.38	[a] APO-Perindopril Arginine [TX] [a] Perindopril Arginine Sandoz [SZ] [a] PREXUM 2.5 [RX]	[a] APX-Perindopril Arginine [XT] [a] Perindopril Arginine-WGR [WG]
			[B]18.68	*38.52	21.38	[a] Coversyl 2.5mg [SE]	

perindopril erbumine 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13404L NP	2	5	..	*19.84	21.38	[a] APO-Perindopril [TX] [a] PERISYL [AL]	[a] PERINDOPRIL-WGR [WG]

▪ QUINAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

quinapril 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1969P NP	1	5	..	18.31	19.85	APO-Quinapril [TX]

quinapril 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1970Q NP	1	5	..	19.18	20.72	APO-Quinapril [TX]

quinapril 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1968N NP	1	5	..	18.01	19.55	ACQUIN [RF]

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 10 mg tablet and pharmaceutical benefits that have the form ramipril 10 mg capsule are equivalent for the purposes of substitution.

ramipril 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8470T NP	1	5	..	18.10	19.64	[a] APO-Ramipril [TX] [a] Prilace [RF]	[a] APX-Ramipril [TY] [a] Ramipril Sandoz [SZ]

						[a] RAMIPRIL-WGR [WG]	[a] Tritace 10 mg [SW]
						[a] Tryzan Caps 10 [AF]	

ramipril 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1316G	1	5	..	18.10	19.64	[a] APO-Ramipril [TX]	[a] Ramipril Sandoz [SZ]
NP						[a] RAMIPRIL TABS-WGR [WG]	[a] Ramipril Viatris [AL]
						[a] Tritace [SW]	

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 1.25 mg tablet and pharmaceutical benefits that have the form ramipril 1.25 mg capsule are equivalent for the purposes of substitution.

ramipril 1.25 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9120B	1	5	..	17.10	18.64	[a] Tryzan Caps 1.25 [AF]
NP						

ramipril 1.25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1944H	1	5	..	17.10	18.64	[a] Prilace [RF]	[a] Ramipril Sandoz [SZ]
NP						[a] Ramipril Viatris [AL]	[a] RAMIPRIL-WGR [WG]
						[a] Ramipril Winthrop [WA]	

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 2.5 mg tablet and pharmaceutical benefits that have the form ramipril 2.5 mg capsule are equivalent for the purposes of substitution.

ramipril 2.5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9121C	1	5	..	17.10	18.64	[a] APO-Ramipril [TX]	[a] Tryzan Caps 2.5 [AF]
NP							

ramipril 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1945J	1	5	..	17.10	18.64	[a] APO-Ramipril [TX]	[a] Prilace [RF]
NP						[a] Ramipril Sandoz [SZ]	[a] Ramipril Viatris [AL]
						[a] RAMIPRIL-WGR [WG]	[a] Ramipril Winthrop [WA]
						[a] Tritace 2.5 mg [SW]	

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 5 mg tablet and pharmaceutical benefits that have the form ramipril 5 mg capsule are equivalent for the purposes of substitution.

ramipril 5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9122D	1	5	..	17.10	18.64	[a] APO-Ramipril [TX]	[a] Tryzan Caps 5 [AF]
NP							

ramipril 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1946K	1	5	..	17.10	18.64	[a] APO-Ramipril [TX]	[a] Prilace [RF]
NP						[a] Ramipril Sandoz [SZ]	[a] Ramipril Viatris [AL]
						[a] RAMIPRIL-WGR [WG]	[a] Ramipril Winthrop [WA]
						[a] Tritace 5 mg [SW]	

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 10 mg tablet and pharmaceutical benefits that have the form ramipril 10 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ramipril 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13430W	2	5	..	*21.84	23.38	[a] APO-Ramipril [TX]	[a] APX-Ramipril [TY]
NP						[a] Prilace [RF]	[a] Ramipril Sandoz [SZ]
						[a] RAMIPRIL-WGR [WG]	[a] Tritace 10 mg [SW]
						[a] Tryzan Caps 10 [AF]	

ramipril 10 mg tablet, 30

13368N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.84	23.38	[a] APO-Ramipril [TX] [a] RAMIPRIL TABS-WGR [WG] [a] Tritace [SW]	[a] Ramipril Sandoz [SZ] [a] Ramipril Viatris [AL]

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 2.5 mg tablet and pharmaceutical benefits that have the form ramipril 2.5 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ramipril 2.5 mg capsule, 30

13405M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] APO-Ramipril [TX]	[a] Tryzan Caps 2.5 [AF]

ramipril 2.5 mg tablet, 30

13466R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] APO-Ramipril [TX] [a] Ramipril Sandoz [SZ] [a] RAMIPRIL-WGR [WG] [a] Tritace 2.5 mg [SW]	[a] Prilace [RF] [a] Ramipril Viatris [AL] [a] Ramipril Winthrop [WA]

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 1.25 mg tablet and pharmaceutical benefits that have the form ramipril 1.25 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ramipril 1.25 mg capsule, 30

13431X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] Tryzan Caps 1.25 [AF]

ramipril 1.25 mg tablet, 30

13582W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] Prilace [RF] [a] Ramipril Viatris [AL] [a] Ramipril Winthrop [WA]	[a] Ramipril Sandoz [SZ] [a] RAMIPRIL-WGR [WG]

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 5 mg tablet and pharmaceutical benefits that have the form ramipril 5 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ramipril 5 mg capsule, 30

13556L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] APO-Ramipril [TX]	[a] Tryzan Caps 5 [AF]

ramipril 5 mg tablet, 30

13526X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] APO-Ramipril [TX] [a] Ramipril Sandoz [SZ] [a] RAMIPRIL-WGR [WG] [a] Tritace 5 mg [SW]	[a] Prilace [RF] [a] Ramipril Viatris [AL] [a] Ramipril Winthrop [WA]

▪ TRANDOLAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

trandolapril 500 microgram capsule, 28

2791X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.10	18.64	[a] Dolapril 0.5 [RW] [a] Trandolapril Viatris [AL]	[a] Tranalpha [AF]
			[B]3.27	20.37	18.64	[a] Gopten [GO]	

trandolapril 1 mg capsule, 28

2792Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.29	19.83	[a] Dolapril 1 [RW] [a] Tranalpha [AF]	[a] Gopten [GO] [a] Trandolapril Viatris [AL]

trandolapril 2 mg capsule, 28

2793B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.05	20.59	[a] Dolapril 2 [RW] [a] Tranalpha [AF]	[a] Gopten [GO] [a] Trandolapril Viatris [AL]

trandolapril 4 mg capsule, 28

8758Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	23.08	24.62	[a] Dolapril 4 [RW] [a] Tranalpha [AF]	[a] Gopten [GO] [a] Trandolapril Viatris [AL]

▪ TRANDOLAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

trandolapril 500 microgram capsule, 28

13554J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] Dolapril 0.5 [RW] [a] Trandolapril Viatris [AL]	[a] Tranalpha [AF]
			[B]6.54	*26.38	21.38	[a] Gopten [GO]	

trandolapril 1 mg capsule, 28

13429T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.22	23.76	[a] Dolapril 1 [RW] [a] Tranalpha [AF]	[a] Gopten [GO] [a] Trandolapril Viatris [AL]

trandolapril 2 mg capsule, 28

13403K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*23.74	25.00	[a] Dolapril 2 [RW] [a] Tranalpha [AF]	[a] Gopten [GO] [a] Trandolapril Viatris [AL]

trandolapril 4 mg capsule, 28

13467T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*31.80	25.00	[a] Dolapril 4 [RW] [a] Tranalpha [AF]	[a] Gopten [GO] [a] Trandolapril Viatris [AL]

ACE INHIBITORS, COMBINATIONS

ACE inhibitors and diuretics

▪ ENALAPRIL + HYDROCHLOROTHIAZIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

enalapril maleate 20 mg + hydrochlorothiazide 6 mg tablet, 30

8477E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	18.81	20.35	[a] Enalapril/HCT Sandoz [SZ]
			[B]6.70	25.51	20.35	[a] Renitec Plus 20/6 [AF]

▪ ENALAPRIL + HYDROCHLOROTHIAZIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

enalapril maleate 20 mg + hydrochlorothiazide 6 mg tablet, 30

13439H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*23.26	24.80	[a] Enalapril/HCT Sandoz [SZ]
			[B]13.40	*36.66	24.80	[a] Renitec Plus 20/6 [AF]

▪ PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

perindopril arginine 2.5 mg + indapamide hemihydrate 625 microgram tablet, 30

2190G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	17.10	18.64	[a] PREXUM Combi LD 2.5/0.625 [RX]
			[B]7.51	24.61	18.64	[a] Coversyl Plus LD 2.5mg/0.625mg [SE]

▪ PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate) and pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 5 mg perindopril arginine-1.25 mg indapamide hemihydrate) are equivalent for the purposes of substitution.

perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

8449Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.10	19.64	[a] APO-Perindopril/Indapamide [TX] [a] PERINDOPRIL/INDAPAMIDE-WGR 4/1.25 [WG]	[a] GenRx Perindopril/ Indapamide 4/1.25 [GX] [a] PERISYL COMBI 4/1.25 [AL]

perindopril arginine 5 mg + indapamide hemihydrate 1.25 mg tablet, 30

2845R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.10	19.64	[a] Prexum Combi 5/1.25 [RX]
		[B]6.84	24.94	19.64	[a] Coversyl Plus 5mg/1.25mg [SE]

▪ PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril arginine 2.5 mg + indapamide hemihydrate 625 microgram tablet, 30

13413Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*19.84	21.38	[a] PREXUM Combi LD 2.5/0.625 [RX]
		[B]15.02	*34.86	21.38	[a] Coversyl Plus LD 2.5mg/0.625mg [SE]

▪ PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate) and pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 5 mg perindopril arginine-1.25 mg indapamide hemihydrate) are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

13476G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.84	23.38	[a] APO-Perindopril/Indapamide [TX] [a] PERINDOPRIL/INDAPAMIDE-WGR 4/1.25 [WG]	[a] GenRx Perindopril/ Indapamide 4/1.25 [GX] [a] PERISYL COMBI 4/1.25 [AL]

perindopril arginine 5 mg + indapamide hemihydrate 1.25 mg tablet, 30

13506W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*21.84	23.38	[a] Prexum Combi 5/1.25 [RX]
		[B]13.68	*35.52	23.38	[a] Coversyl Plus 5mg/1.25mg [SE]

ACE inhibitors and calcium channel blockers

▪ LERCANIDIPINE + ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

lercanidipine hydrochloride 10 mg + enalapril maleate 10 mg tablet, 28

9144G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	19.23	20.77	Zan-Extra 10/10 [GO]

lercanidipine hydrochloride 10 mg + enalapril maleate 20 mg tablet, 28

9145H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	19.96	21.50	Zan-Extra 10/20 [GO]

▪ LERCANIDIPINE + ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

lercanidipine hydrochloride 10 mg + enalapril maleate 10 mg tablet, 28

13507X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*24.10	25.00	Zan-Extra 10/10 [GO]

lercanidipine hydrochloride 10 mg + enalapril maleate 20 mg tablet, 28

13477H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*25.56	25.00	Zan-Extra 10/20 [GO]

▪ PERINDOPRIL + AMLODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

9349C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.14	21.68	[a] APO-Perindopril Arginine/Amlodipine 10/10 [TX] [a] Perindopril Arginine/Amlodipine-WGR 10/10 [WG]	[a] APX-Perindopril Arginine/Amlodipine 10/10 [XT] [a] Reaptan 10/10 [RX]
		[B]11.49	31.63	21.68	[a] Coveram 10/10 [SE]	

perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

9348B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.50	21.04	[a] APO-Perindopril Arginine/Amlodipine 10/5 [TX] [a] Perindopril Arginine/Amlodipine-WGR 10/5 [WG]	[a] APX-Perindopril Arginine/Amlodipine 10/5 [XT] [a] Reaptan 10/5 [RX]
		[B]11.16	30.66	21.04	[a] Coveram 10/5 [SE]	

perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

9347Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.73	20.27	[a] APO-Perindopril Arginine/Amlodipine 5/10 [TX] [a] Perindopril Arginine/Amlodipine-WGR 5/10 [WG]	[a] APX-Perindopril Arginine/Amlodipine 5/10 [XT] [a] Reaptan 5/10 [RX]
		[B]10.98	29.71	20.27	[a] Coveram 5/10 [SE]	

perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

9346X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.10	19.64	[a] APO-Perindopril Arginine/Amlodipine 5/5 [TX] [a] Perindopril Arginine/Amlodipine-WGR 5/5 [WG]	[a] APX-Perindopril Arginine/Amlodipine 5/5 [XT] [a] Reaptan 5/5 [RX]
		[B]10.65	28.75	19.64	[a] Coveram 5/5 [SE]	

▪ PERINDOPRIL + AMLODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

13382H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*25.92	25.00	[a] APO-Perindopril Arginine/Amlodipine 10/10 [TX] [a] Perindopril Arginine/Amlodipine-WGR 10/10 [WG]	[a] APX-Perindopril Arginine/Amlodipine 10/10 [XT] [a] Reaptan 10/10 [RX]
		[B]22.98	*48.90	25.00	[a] Coveram 10/10 [SE]	

perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

13478J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*24.64	25.00	[a] APO-Perindopril Arginine/Amlodipine 10/5 [TX] [a] Perindopril Arginine/Amlodipine-WGR 10/5 [WG]	[a] APX-Perindopril Arginine/Amlodipine 10/5 [XT] [a] Reaptan 10/5 [RX]
		[B]22.32	*46.96	25.00	[a] Coveram 10/5 [SE]	

perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13381G NP	2	5	..	*23.10	24.64	[a] APO-Perindopril Arginine/Amlodipine 5/10 [TX] [a] Perindopril Arginine/Amlodipine-WGR 5/10 [WG]	[a] APX-Perindopril Arginine/Amlodipine 5/10 [XT] [a] Reaptan 5/10 [RX]
			[B]21.96	*45.06	24.64	[a] Coveram 5/10 [SE]	

perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13508Y NP	2	5	..	*21.84	23.38	[a] APO-Perindopril Arginine/Amlodipine 5/5 [TX] [a] Perindopril Arginine/Amlodipine-WGR 5/5 [WG]	[a] APX-Perindopril Arginine/Amlodipine 5/5 [XT] [a] Reaptan 5/5 [RX]
			[B]21.30	*43.14	23.38	[a] Coveram 5/5 [SE]	

▪ RAMIPRIL + FELODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

ramipril 5 mg + felodipine 5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2629J NP	1	5	..	20.09	21.63	Triasyn 5.0/5.0 [SW]

▪ RAMIPRIL + FELODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ramipril 5 mg + felodipine 5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13534H NP	2	5	..	*25.82	25.00	Triasyn 5.0/5.0 [SW]

▪ TRANDOLAPRIL + VERAPAMIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero. The myocardial depressant effects of verapamil hydrochloride and of beta-blocking drugs are additive.

trandolapril 4 mg + verapamil hydrochloride 240 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2857J NP	1	5	..	30.36	25.00	Tarka 4/240 [GO]

trandolapril 2 mg + verapamil hydrochloride 180 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9387C NP	1	5	..	24.47	25.00	Tarka 2/180 [GO]

▪ TRANDOLAPRIL + VERAPAMIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero. The myocardial depressant effects of verapamil hydrochloride and of beta-blocking drugs are additive.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

trandolapril 4 mg + verapamil hydrochloride 240 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13591H NP	2	5	..	*46.36	25.00	Tarka 4/240 [GO]

trandolapril 2 mg + verapamil hydrochloride 180 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13594L NP	2	5	..	*34.58	25.00	Tarka 2/180 [GO]

ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), PLAIN

Angiotensin II receptor blockers (ARBs), plain

▪ CANDESARTAN

candesartan cilexetil 16 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8297Q NP	1	5	..	18.44	19.98	[a] Adesan [AF] [a] BTC Candesartan [BG]	[a] APO-Candesartan [TX] [a] CANDESAN [RF]

						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]12.99	31.43	19.98	[a] Atacand [LM]	

candesartan cilexetil 32 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8889W							
NP	1	5	..	18.60	20.14	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]11.20	29.80	20.14	[a] Atacand [LM]	

candesartan cilexetil 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8295N							
NP	1	5	..	17.10	18.64	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]12.94	30.04	18.64	[a] Atacand [LM]	

candesartan cilexetil 8 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8296P							
NP	1	5	..	17.10	18.64	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]12.94	30.04	18.64	[a] Atacand [LM]	

▪ CANDESARTAN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

candesartan cilexetil 16 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13565Y							
NP	2	5	..	*22.52	24.06	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]25.98	*48.50	24.06	[a] Atacand [LM]	

candesartan cilexetil 32 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13438G							
NP	2	5	..	*22.84	24.38	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]22.40	*45.24	24.38	[a] Atacand [LM]	

candesartan cilexetil 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13592J							
NP	2	5	..	*19.84	21.38	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]25.88	*45.72	21.38	[a] Atacand [LM]	

candesartan cilexetil 8 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13436E							
NP	2	5	..	*19.84	21.38	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] BTC Candesartan [BG]	[a] CANDESAN [RF]
						[a] Candesartan Sandoz [SZ]	[a] CANDESARTAN-WGR [WG]
			[B]25.88	*45.72	21.38	[a] Atacand [LM]	

▪ EPROSARTAN

eprosartan 600 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8447N						
NP	1	5	[T]2.54	28.21	25.00	Teveten [GO]

▪ EPROSARTAN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

eprosartan 600 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13912F						
NP	2	5	[T]5.08	*42.06	25.00	Teveten [GO]

▪ EPROSARTAN

Authority required

Adverse effects occurring with all of the base-priced drugs

Authority required

Drug interactions occurring with all of the base-priced drugs

Authority required

Drug interactions expected to occur with all of the base-priced drugs

Authority required

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance

eprosartan 600 mg tablet, 28

5491B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	28.21	25.00	Teveten [GO]

NP

▪ EPROSARTAN

Authority required

Adverse effects occurring with all of the base-priced drugs

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required

Drug interactions occurring with all of the base-priced drugs

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required

Drug interactions expected to occur with all of the base-priced drugs

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

eprosartan 600 mg tablet, 28

13861M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*42.06	25.00	Teveten [GO]

NP

▪ IRBESARTAN

irbesartan 150 mg tablet, 30

8247C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.10	18.64	[a] Abisart 150 [AL]	[a] APO-Irbesartan [TX]
					[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
					[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]
		[B]3.81	20.91	18.64	[a] Avapro [AV]	[a] Karvea [SW]

NP

irbesartan 300 mg tablet, 30

8248D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.10	19.64	[a] Abisart 300 [AL]	[a] APO-Irbesartan [TX]
					[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
					[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]
		[B]3.82	21.92	19.64	[a] Avapro [AV]	[a] Karvea [SW]

NP

irbesartan 75 mg tablet, 30

8246B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.10	18.64	[a] Abisart 75 [AL]	[a] APO-Irbesartan [TX]
					[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
					[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]

NP

▪ IRBESARTAN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

irbesartan 150 mg tablet, 30

13380F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*19.84	21.38	[a] Abisart 150 [AL]	[a] APO-Irbesartan [TX]

						[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
NP						[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]
			[B]7.62	*27.46	21.38	[a] Avapro [AV]	[a] Karvea [SW]

irbesartan 300 mg tablet, 30

13564X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.84	23.38	[a] Abisart 300 [AL]	[a] APO-Irbesartan [TX]
						[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
						[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]
			[B]7.64	*29.48	23.38	[a] Avapro [AV]	[a] Karvea [SW]

irbesartan 75 mg tablet, 30

13435D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] Abisart 75 [AL]	[a] APO-Irbesartan [TX]
						[a] AVSARTAN [RF]	[a] Blooms Irbesartan [BG]
						[a] Irbesartan Sandoz [SZ]	[a] IRBESARTAN-WGR [WG]

▪ OLMESARTAN

olmesartan medoxomil 20 mg tablet, 30

2147B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.43	19.97	[a] APO-Olmesartan [TX]	[a] APX-Olmesartan [TY]
						[a] Blooms The Chemist Olmesartan [BG]	[a] OLMERTAN [RW]
						[a] Olmesartan - MYL [AF]	[a] Olmesartan Sandoz [SZ]
						[a] OLMESARTAN-WGR [WG]	[a] Olsetan [MQ]
						[a] Pharmacor Olmesartan 20 [CR]	
			[B]3.80	22.23	19.97	[a] Olmetec [AL]	

olmesartan medoxomil 40 mg tablet, 30

2148C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.27	21.81	[a] APO-Olmesartan [TX]	[a] APX-Olmesartan [TY]
						[a] Blooms The Chemist Olmesartan [BG]	[a] OLMERTAN [RW]
						[a] Olmesartan - MYL [AF]	[a] Olmesartan Sandoz [SZ]
						[a] OLMESARTAN-WGR [WG]	[a] Olsetan [MQ]
						[a] Pharmacor Olmesartan 40 [CR]	
			[B]4.37	24.64	21.81	[a] Olmetec [AL]	

▪ OLMESARTAN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

olmesartan medoxomil 20 mg tablet, 30

13505T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.50	24.04	[a] APO-Olmesartan [TX]	[a] APX-Olmesartan [TY]
						[a] Blooms The Chemist Olmesartan [BG]	[a] OLMERTAN [RW]
						[a] Olmesartan - MYL [AF]	[a] Olmesartan Sandoz [SZ]
						[a] OLMESARTAN-WGR [WG]	[a] Olsetan [MQ]
						[a] Pharmacor Olmesartan 20 [CR]	
			[B]7.60	*30.10	24.04	[a] Olmetec [AL]	

olmesartan medoxomil 40 mg tablet, 30

13533G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*26.18	25.00	[a] APO-Olmesartan [TX]	[a] APX-Olmesartan [TY]
						[a] Blooms The Chemist Olmesartan [BG]	[a] OLMERTAN [RW]
						[a] Olmesartan - MYL [AF]	[a] Olmesartan Sandoz [SZ]
						[a] OLMESARTAN-WGR [WG]	[a] Olsetan [MQ]
						[a] Pharmacor Olmesartan 40 [CR]	
			[B]8.74	*34.92	25.00	[a] Olmetec [AL]	

▪ TELMISARTAN

telmisartan 40 mg tablet, 28

8355R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	17.10	18.64	[a] APO-Telmisartan [TX]	[a] Mizart [AF]

						[a] Pharmacor Telmisartan 40 [CR]	[a] Telmisartan Sandoz [SZ]
NP						[a] TELMISARTAN-WGR [WG]	[a] Teltartan [RW]
			[B]9.59	26.69	18.64	[a] Micardis [BY]	

telmisartan 80 mg tablet, 28

8356T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-Telmisartan [TX]	[a] Mizart [AF]
						[a] Pharmacor Telmisartan 80 [CR]	[a] Telmisartan Sandoz [SZ]
						[a] TELMISARTAN-WGR [WG]	[a] Teltartan [RW]
			[B]9.63	28.23	20.14	[a] Micardis [BY]	

▪ TELMISARTAN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

telmisartan 40 mg tablet, 28

13437F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] APO-Telmisartan [TX]	[a] Mizart [AF]
						[a] Pharmacor Telmisartan 40 [CR]	[a] Telmisartan Sandoz [SZ]
						[a] TELMISARTAN-WGR [WG]	[a] Teltartan [RW]
			[B]19.18	*39.02	21.38	[a] Micardis [BY]	

telmisartan 80 mg tablet, 28

13593K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Telmisartan [TX]	[a] Mizart [AF]
						[a] Pharmacor Telmisartan 80 [CR]	[a] Telmisartan Sandoz [SZ]
						[a] TELMISARTAN-WGR [WG]	[a] Teltartan [RW]
			[B]19.26	*42.10	24.38	[a] Micardis [BY]	

▪ VALSARTAN

valsartan 160 mg tablet, 28

9370E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	21.02	22.56	[a] Dilart [AF]	[a] Diovan [NV]

valsartan 40 mg tablet, 28

9368C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	19.16	20.70	[a] Dilart [AF]	[a] Diovan [NV]

valsartan 80 mg tablet, 28

9369D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.58	21.12	[a] Dilart [AF]	[a] Diovan [NV]

▪ VALSARTAN

Note No applications for increased maximum quantities and/or repeats will be authorised for the 320 mg tablet.

valsartan 320 mg tablet, 28

9371F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.90	24.44	[a] Dilart [AF]	[a] Diovan [NV]

▪ VALSARTAN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

valsartan 160 mg tablet, 28

13566B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*27.68	25.00	[a] Dilart [AF]	[a] Diovan [NV]

valsartan 80 mg tablet, 28

13414B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*24.80	25.00	[a] Dilart [AF]	[a] Diovan [NV]

▪ VALSARTAN

Note No applications for increased maximum quantities and/or repeats will be authorised for the 320 mg tablet.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

valsartan 320 mg tablet, 28

13383J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*31.44	25.00	[a] Dilart [AF]	[a] Diovan [NV]

ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), COMBINATIONS

Angiotensin II receptor blockers (ARBs) and diuretics

▪ CANDESARTAN + HYDROCHLOROTHIAZIDE

candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

8504N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] Adesan HCT 16/12.5 [AF]	[a] APO-Candesartan HCTZ 16/12.5 [TX]
					[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 16/12.5 [RF]
					[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 16/12.5 [WG]
		[B]12.63	31.23	20.14	[a] Atacand Plus 16/12.5 [LM]	

candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

9314F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] Adesan HCT 32/12.5 [AF]	[a] APO-Candesartan HCTZ 32/12.5 [TX]
					[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 32/12.5 [RF]
					[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 32/12.5 [WG]
		[B]10.78	29.38	20.14	[a] Atacand Plus 32/12.5 [LM]	

candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

9315G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.10	20.64	[a] Adesan HCT 32/25 [AF]	[a] APO-Candesartan HCTZ 32/25 [TX]
					[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 32/25 [RF]
					[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 32/25 [WG]
		[B]10.48	29.58	20.64	[a] Atacand Plus 32/25 [LM]	

▪ CANDESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

13391T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] Adesan HCT 16/12.5 [AF]	[a] APO-Candesartan HCTZ 16/12.5 [TX]
					[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 16/12.5 [RF]
					[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 16/12.5 [WG]
		[B]25.26	*48.10	24.38	[a] Atacand Plus 16/12.5 [LM]	

candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

13452B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] Adesan HCT 32/12.5 [AF]	[a] APO-Candesartan HCTZ 32/12.5 [TX]
					[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 32/12.5 [RF]
					[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 32/12.5 [WG]
		[B]21.56	*44.40	24.38	[a] Atacand Plus 32/12.5 [LM]	

candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

13392W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*23.84	25.00	[a] Adesan HCT 32/25 [AF]	[a] APO-Candesartan HCTZ 32/25 [TX]
					[a] BTC Candesartan HCT [BG]	[a] CANDESAN COMBI 32/25 [RF]

						[a] Candesartan/HCT Sandoz [SZ]	[a] CANDESARTAN HCTZ-WGR 32/25 [WG]
			[B]20.96	*44.80	25.00	[a] Atacand Plus 32/25 [LM]	

▪ EPROSARTAN + HYDROCHLOROTHIAZIDE

eprosartan 600 mg + hydrochlorothiazide 12.5 mg tablet, 28

8624X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	26.77	25.00	Teveten Plus 600/12.5 [GO]

▪ EPROSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

eprosartan 600 mg + hydrochlorothiazide 12.5 mg tablet, 28

14337N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*39.18	25.00	Teveten Plus 600/12.5 [GO]

▪ IRBESARTAN + HYDROCHLOROTHIAZIDE

irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

8404H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.10	18.64	[a] Abisart HCTZ 150/12.5 [AL] [a] AVSARTAN HCT 150/12.5 [RF] [a] IRBESARTAN HCTZ-WGR 150/12.5 [WG]	[a] APO-Irbesartan HCTZ [TX] [a] Irbesartan/HCT Sandoz [SZ]
			[B]3.81	20.91	18.64	[a] Avapro HCT 150/12.5 [AV]	[a] Karvezide 150/12.5 [SW]

irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

8405J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.20	19.74	[a] Abisart HCTZ 300/12.5 [AL] [a] AVSARTAN HCT 300/12.5 [RF] [a] IRBESARTAN HCTZ-WGR 300/12.5 [WG]	[a] APO-Irbesartan HCTZ [TX] [a] Irbesartan/HCT Sandoz [SZ]
			[B]3.83	22.03	19.74	[a] Avapro HCT 300/12.5 [AV]	[a] Karvezide 300/12.5 [SW]

irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

2136K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.52	20.06	[a] Abisart HCTZ 300/25 [AL] [a] AVSARTAN HCT 300/25 [RF] [a] IRBESARTAN HCTZ-WGR 300/25 [WG]	[a] APO-Irbesartan HCTZ [TX] [a] Irbesartan/HCT Sandoz [SZ]
			[B]3.84	22.36	20.06	[a] Avapro HCT 300/25 [AV]	[a] Karvezide 300/25 [SW]

▪ IRBESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

13572H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	[a] Abisart HCTZ 150/12.5 [AL] [a] AVSARTAN HCT 150/12.5 [RF] [a] IRBESARTAN HCTZ-WGR 150/12.5 [WG]	[a] APO-Irbesartan HCTZ [TX] [a] Irbesartan/HCT Sandoz [SZ]
			[B]7.62	*27.46	21.38	[a] Avapro HCT 150/12.5 [AV]	[a] Karvezide 150/12.5 [SW]

irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

13545X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.04	23.58	[a] Abisart HCTZ 300/12.5 [AL] [a] AVSARTAN HCT 300/12.5 [RF] [a] IRBESARTAN HCTZ-WGR 300/12.5 [WG]	[a] APO-Irbesartan HCTZ [TX] [a] Irbesartan/HCT Sandoz [SZ]
			[B]7.66	*29.70	23.58	[a] Avapro HCT 300/12.5 [AV]	[a] Karvezide 300/12.5 [SW]

irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

13446Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.68	24.22	[a] Abisart HCTZ 300/25 [AL] [a] AVSARTAN HCT 300/25 [RF]	[a] APO-Irbesartan HCTZ [TX] [a] Irbesartan/HCT Sandoz [SZ]

						[a] IRBESARTAN HCTZ-WGR 300/25 [WG]	
			[B]7.68	*30.36	24.22	[a] Avapro HCT 300/25 [AV]	[a] Karvezide 300/25 [SW]

▪ OLMESARTAN + HYDROCHLOROTHIAZIDE

olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

2161R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-Olmesartan/HCTZ 20/12.5 [TX]	[a] APX-Olmesartan/HCTZ [TY]
						[a] OLMERTAN COMBI 20/12.5 [RW]	[a] Olmesartan HCT - MYL 20/12.5 [AF]
						[a] Olmesartan/HCT Sandoz [SZ]	[a] OLMESARTAN HCTZ-WGR 20/12.5 [WG]
						[a] Pharmacor Olmesartan HCTZ 20/12.5 [CR]	
			[B]2.84	21.44	20.14	[a] Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30

2166B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.32	20.86	[a] APO-Olmesartan/HCTZ 40/12.5 [TX]	[a] APX-Olmesartan/HCTZ [TY]
						[a] OLMERTAN COMBI 40/12.5 [RW]	[a] Olmesartan HCT - MYL 40/12.5 [AF]
						[a] Olmesartan/HCT Sandoz [SZ]	[a] OLMESARTAN HCTZ-WGR 40/12.5 [WG]
						[a] Pharmacor Olmesartan HCTZ 40/12.5 [CR]	
			[B]3.71	23.03	20.86	[a] Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30

2170F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.93	21.47	[a] APO-Olmesartan/HCTZ 40/25 [TX]	[a] APX-Olmesartan/HCTZ [TY]
						[a] OLMERTAN COMBI 40/25 [RW]	[a] Olmesartan HCT - MYL 40/25 [AF]
						[a] Olmesartan/HCT Sandoz [SZ]	[a] OLMESARTAN HCTZ-WGR 40/25 [WG]
						[a] Pharmacor Olmesartan HCTZ 40/25 [CR]	
			[B]3.74	23.67	21.47	[a] Olmetec Plus [AL]	

▪ OLMESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

13447R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Olmesartan/HCTZ 20/12.5 [TX]	[a] APX-Olmesartan/HCTZ [TY]
						[a] OLMERTAN COMBI 20/12.5 [RW]	[a] Olmesartan HCT - MYL 20/12.5 [AF]
						[a] Olmesartan/HCT Sandoz [SZ]	[a] OLMESARTAN HCTZ-WGR 20/12.5 [WG]
						[a] Pharmacor Olmesartan HCTZ 20/12.5 [CR]	
			[B]5.68	*28.52	24.38	[a] Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30

13601W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*24.28	25.00	[a] APO-Olmesartan/HCTZ 40/12.5 [TX]	[a] APX-Olmesartan/HCTZ [TY]
						[a] OLMERTAN COMBI 40/12.5 [RW]	[a] Olmesartan HCT - MYL 40/12.5 [AF]
						[a] Olmesartan/HCT Sandoz [SZ]	[a] OLMESARTAN HCTZ-WGR 40/12.5 [WG]
						[a] Pharmacor Olmesartan HCTZ 40/12.5 [CR]	
			[B]7.42	*31.70	25.00	[a] Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30

13602X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*25.50	25.00	[a] APO-Olmesartan/HCTZ 40/25 [TX]	[a] APX-Olmesartan/HCTZ [TY]

						[a] OLMERTAN COMBI 40/25 [RW]	[a] Olmesartan HCT - MYL 40/25 [AF]
						[a] Olmesartan/HCT Sandoz [SZ]	[a] OLMESARTAN HCTZ-WGR 40/25 [WG]
						[a] Pharmacor Olmesartan HCTZ 40/25 [CR]	
			[B]7.48	*32.98	25.00	[a] Olmetec Plus [AL]	

▪ TELMISARTAN + HYDROCHLOROTHIAZIDE

telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28

8622T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.22	18.76	[a] APO-Telmisartan HCTZ 40/12.5 [TX]	[a] Mizart HCT 40/12.5 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 40/12.5 [WG]
						[a] Teltartan HCT 40/12.5 [RW]	
			[B]9.58	26.80	18.76	[a] Micardis Plus 40/12.5 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

8623W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-Telmisartan HCTZ 80/12.5 [TX]	[a] Mizart HCT 80/12.5 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 80/12.5 [WG]
						[a] Teltartan HCT 80/12.5 [RW]	
			[B]9.63	28.23	20.14	[a] Micardis Plus 80/12.5 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

9381R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.91	20.45	[a] APO-Telmisartan HCTZ 80/25 [TX]	[a] Mizart HCT 80/25 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 80/25 [WG]
						[a] Teltartan HCT 80/25 [RW]	
			[B]9.65	28.56	20.45	[a] Micardis Plus 80/25 mg [BY]	

▪ TELMISARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28

13546Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.08	21.62	[a] APO-Telmisartan HCTZ 40/12.5 [TX]	[a] Mizart HCT 40/12.5 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 40/12.5 [WG]
						[a] Teltartan HCT 40/12.5 [RW]	
			[B]19.16	*39.24	21.62	[a] Micardis Plus 40/12.5 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

13574K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APO-Telmisartan HCTZ 80/12.5 [TX]	[a] Mizart HCT 80/12.5 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 80/12.5 [WG]
						[a] Teltartan HCT 80/12.5 [RW]	
			[B]19.26	*42.10	24.38	[a] Micardis Plus 80/12.5 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

13607E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*23.46	25.00	[a] APO-Telmisartan HCTZ 80/25 [TX]	[a] Mizart HCT 80/25 mg [AF]
						[a] Telmisartan/HCT Sandoz [SZ]	[a] TELMISARTAN HCTZ-WGR 80/25 [WG]
						[a] Teltartan HCT 80/25 [RW]	
			[B]19.30	*42.76	25.00	[a] Micardis Plus 80/25 mg [BY]	

▪ VALSARTAN + HYDROCHLOROTHIAZIDE

valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

9373H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.36	23.90	[a] Co-Diovan 160/12.5 [NV]	[a] Dilart HCT 160/12.5 [AF]

valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9374J NP	1	5	..	23.43	24.97	[a] Co-Diovan 160/25 [NV]	[a] Dilart HCT 160/25 [AF]

valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9372G NP	1	5	..	20.83	22.37	[a] Co-Diovan 80/12.5 [NV]	[a] Dilart HCT 80/12.5 [AF]

▪ VALSARTAN + HYDROCHLOROTHIAZIDE

Note No applications for increased maximum quantities and/or repeats will be authorised for the tablets containing 320 mg valsartan.

valsartan 320 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9481B NP	1	5	..	24.32	25.00	[a] Co-Diovan 320/12.5 [NV]	[a] Dilart HCT 320/12.5 [AF]

valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9482C NP	1	5	..	25.38	25.00	[a] Co-Diovan 320/25 [NV]	[a] Dilart HCT 320/25 [AF]

▪ VALSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13606D NP	2	5	..	*30.36	25.00	[a] Co-Diovan 160/12.5 [NV]	[a] Dilart HCT 160/12.5 [AF]

valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13453C NP	2	5	..	*32.50	25.00	[a] Co-Diovan 160/25 [NV]	[a] Dilart HCT 160/25 [AF]

valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13393X NP	2	5	..	*27.30	25.00	[a] Co-Diovan 80/12.5 [NV]	[a] Dilart HCT 80/12.5 [AF]

▪ VALSARTAN + HYDROCHLOROTHIAZIDE

Note No applications for increased maximum quantities and/or repeats will be authorised for the tablets containing 320 mg valsartan.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

valsartan 320 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13517K NP	2	5	..	*34.28	25.00	[a] Co-Diovan 320/12.5 [NV]	[a] Dilart HCT 320/12.5 [AF]

valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13455E NP	2	5	..	*36.40	25.00	[a] Co-Diovan 320/25 [NV]	[a] Dilart HCT 320/25 [AF]

Angiotensin II receptor blockers (ARBs) and calcium channel blockers

▪ AMLODIPINE + VALSARTAN

amlodipine 10 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9377M NP	1	5	..	24.58	25.00	[a] Amlodipine/Valsartan Novartis 10/160 [NM]
			[B]7.76	32.34	25.00	[a] Exforge 10/160 [NV]

amlodipine 10 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5460J NP	1	5	..	26.78	25.00	[a] Amlodipine/Valsartan Novartis 10/320 [NM]
			[B]7.76	34.54	25.00	[a] Exforge 10/320 [NV]

amlodipine 5 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9376L NP	1	5	..	24.07	25.00	[a] Amlodipine/Valsartan Novartis 5/160 [NM]
			[B]7.76	31.83	25.00	[a] Exforge 5/160 [NV]

amlodipine 5 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5459H NP	1	5	..	26.58	25.00	[a] Amlodipine/Valsartan Novartis 5/320 [NM]
			[B]7.76	34.34	25.00	[a] Exforge 5/320 [NV]

amlodipine 5 mg + valsartan 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9375K NP	1	5	..	22.10	23.64	[a] Amlodipine/Valsartan Novartis 5/80 [NM]
			[B]7.76	29.86	23.64	[a] Exforge 5/80 [NV]

▪ AMLODIPINE + VALSARTAN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

amlodipine 10 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13454D NP	2	5	..	*34.80	25.00	[a] Amlodipine/Valsartan Novartis 10/160 [NM]
			[B]15.52	*50.32	25.00	[a] Exforge 10/160 [NV]

amlodipine 10 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13389Q NP	2	5	..	*39.20	25.00	[a] Amlodipine/Valsartan Novartis 10/320 [NM]
			[B]15.52	*54.72	25.00	[a] Exforge 10/320 [NV]

amlodipine 5 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13516J NP	2	5	..	*33.78	25.00	[a] Amlodipine/Valsartan Novartis 5/160 [NM]
			[B]15.52	*49.30	25.00	[a] Exforge 5/160 [NV]

amlodipine 5 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13604B NP	2	5	..	*38.80	25.00	[a] Amlodipine/Valsartan Novartis 5/320 [NM]
			[B]15.52	*54.32	25.00	[a] Exforge 5/320 [NV]

amlodipine 5 mg + valsartan 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13421J NP	2	5	..	*29.84	25.00	[a] Amlodipine/Valsartan Novartis 5/80 [NM]
			[B]15.52	*45.36	25.00	[a] Exforge 5/80 [NV]

▪ OLMESARTAN + AMLODIPINE

olmesartan medoxomil 40 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5293N NP	1	5	..	19.78	21.32	[a] APO-OLMESARTAN/AMLODIPINE 40/5 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 40/5 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]
						[a] OLMESARTAN AMLODIPINE-WGR 40/5 [WG]	[a] Pharmacor Olmesartan Amlodipine 40/5 [CR]
			[B]3.86	23.64	21.32	[a] Sevikar 40/5 [AL]	

olmesartan medoxomil 20 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5292M NP	1	5	..	18.22	19.76	[a] APO-OLMESARTAN/AMLODIPINE 20/5 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 20/5 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]

						[a] OLMESARTAN AMLODIPINE-WGR 20/5 [WG]	[a] Pharmacor Olmesartan Amlodipine 20/5 [CR]
			[B]3.80	22.02	19.76	[a] Sevikar 20/5 [AL]	

olmesartan medoxomil 40 mg + amlodipine 10 mg tablet, 30

5294P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.16	21.70	[a] APO-OLMESARTAN/AMLODIPINE 40/10 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 40/10 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]
						[a] OLMESARTAN AMLODIPINE-WGR 40/10 [WG]	[a] Pharmacor Olmesartan Amlodipine 40/10 [CR]
			[B]3.88	24.04	21.70	[a] Sevikar 40/10 [AL]	

▪ OLMESARTAN + AMLODIPINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

olmesartan medoxomil 40 mg + amlodipine 5 mg tablet, 30

13964Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*25.20	25.00	[a] APO-OLMESARTAN/AMLODIPINE 40/5 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 40/5 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]
						[a] OLMESARTAN AMLODIPINE-WGR 40/5 [WG]	[a] Pharmacor Olmesartan Amlodipine 40/5 [CR]
			[B]7.72	*32.92	25.00	[a] Sevikar 40/5 [AL]	

olmesartan medoxomil 20 mg + amlodipine 5 mg tablet, 30

13449W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.08	23.62	[a] APO-OLMESARTAN/AMLODIPINE 20/5 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 20/5 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]
						[a] OLMESARTAN AMLODIPINE-WGR 20/5 [WG]	[a] Pharmacor Olmesartan Amlodipine 20/5 [CR]
			[B]7.60	*29.68	23.62	[a] Sevikar 20/5 [AL]	

olmesartan medoxomil 40 mg + amlodipine 10 mg tablet, 30

13943W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*25.96	25.00	[a] APO-OLMESARTAN/AMLODIPINE 40/10 [TY]	[a] OLMEKAR [RW]
						[a] Olmesartan/Amlodipine - MYL 40/10 [AF]	[a] Olmesartan/Amlodipine Sandoz [SZ]
						[a] OLMESARTAN AMLODIPINE-WGR 40/10 [WG]	[a] Pharmacor Olmesartan Amlodipine 40/10 [CR]
			[B]7.76	*33.72	25.00	[a] Sevikar 40/10 [AL]	

▪ TELMISARTAN + AMLODIPINE

telmisartan 40 mg + amlodipine 10 mg tablet, 28

8979N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.10	19.64	[a] ARX-Telmisartan/Amlodipine [XT]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 40 mg + amlodipine 5 mg tablet, 28

8978M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.52	19.06	[a] ARX-Telmisartan/Amlodipine [XT]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 80 mg + amlodipine 10 mg tablet, 28

8981Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.77	22.31	[a] ARX-Telmisartan/Amlodipine [XT]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 80 mg + amlodipine 5 mg tablet, 28

8980P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.15	21.69	[a] ARX-Telmisartan/Amlodipine [XT]	[a] Telmisartan/Amlodipine Viatris [AF]

▪ TELMISARTAN + AMLODIPINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

telmisartan 40 mg + amlodipine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13515H NP	2	5	..	*21.84	23.38	[a] ARX-Telmisartan/Amlodipine [XT]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 40 mg + amlodipine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13483P NP	2	5	..	*20.68	22.22	[a] ARX-Telmisartan/Amlodipine [XT]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 80 mg + amlodipine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13451Y NP	2	5	..	*27.18	25.00	[a] ARX-Telmisartan/Amlodipine [XT]	[a] Telmisartan/Amlodipine Viatris [AF]

telmisartan 80 mg + amlodipine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13450X NP	2	5	..	*25.94	25.00	[a] ARX-Telmisartan/Amlodipine [XT]	[a] Telmisartan/Amlodipine Viatris [AF]

Angiotensin II receptor blockers (ARBs), other combinations

▪ AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5288H NP	1	5	..	27.52	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/160/25 [NM]
			[B]11.64	39.16	25.00	[a] Exforge HCT 10/160/25 [NV]

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5287G NP	1	5	..	26.05	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/160/12.5 [NM]
			[B]7.76	33.81	25.00	[a] Exforge HCT 10/160/12.5 [NV]

amlodipine 10 mg + valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5289J NP	1	5	..	29.72	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/320/25 [NM]
			[B]7.76	37.48	25.00	[a] Exforge HCT 10/320/25 [NV]

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5285E NP	1	5	..	25.54	25.00	[a] Amlodipine/Valsartan/HCT Novartis 5/160/12.5 [NM]
			[B]11.64	37.18	25.00	[a] Exforge HCT 5/160/12.5 [NV]

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5286F NP	1	5	..	27.01	25.00	[a] Amlodipine/Valsartan/HCT Novartis 5/160/25 [NM]
			[B]7.76	34.77	25.00	[a] Exforge HCT 5/160/25 [NV]

▪ AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13390R NP	2	5	..	*40.68	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/160/25 [NM]
			[B]23.28	*63.96	25.00	[a] Exforge HCT 10/160/25 [NV]

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13514G NP	2	5	..	*37.74	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/160/12.5 [NM]
			[B]15.52	*53.26	25.00	[a] Exforge HCT 10/160/12.5 [NV]

amlodipine 10 mg + valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13573J NP	2	5	..	*45.08	25.00	[a] Amlodipine/Valsartan/HCT Novartis 10/320/25 [NM]
			[B]15.52	*60.60	25.00	[a] Exforge HCT 10/320/25 [NV]

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13448T NP	2	5	..	*36.72	25.00	[a] Amlodipine/Valsartan/HCT Novartis 5/160/12.5 [NM]
			[B]23.28	*60.00	25.00	[a] Exforge HCT 5/160/12.5 [NV]

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13603Y NP	2	5	..	*39.66	25.00	[a] Amlodipine/Valsartan/HCT Novartis 5/160/25 [NM]
			[B]15.52	*55.18	25.00	[a] Exforge HCT 5/160/25 [NV]

▪ OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

olmesartan medoxomil 20 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10005N NP	1	5	..	20.17	21.71	[a] APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5 [TX]	[a] Olamlo HCT 20/5/12.5 [AL]
			[B]3.88	24.05	21.71	[a] Sevikar HCT 20/5/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2880N NP	1	5	..	22.92	24.46	[a] APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet [TX]	[a] Olamlo HCT 40/5/12.5 [AL]
			[B]3.88	26.80	24.46	[a] Sevikar HCT 40/5/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2836G NP	1	5	..	23.32	24.86	[a] APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5 [TX]	[a] Olamlo HCT 40/10/12.5 [AL]
			[B]4.14	27.46	24.86	[a] Sevikar HCT 40/10/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2864R NP	1	5	..	24.44	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet [TX]	[a] Olamlo HCT 40/5/25 [AL]
			[B]3.88	28.32	25.00	[a] Sevikar HCT 40/5/25 [AF]	

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2953K NP	1	5	..	24.81	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/10/25 [TX]	[a] Olamlo HCT 40/10/25 [AL]
			[B]3.88	28.69	25.00	[a] Sevikar HCT 40/10/25 [AF]	

▪ OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

olmesartan medoxomil 20 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13481M NP	2	5	..	*25.98	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5 [TX]	[a] Olamlo HCT 20/5/12.5 [AL]
			[B]7.76	*33.74	25.00	[a] Sevikar HCT 20/5/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13513F NP	2	5	..	*31.48	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet [TX]	[a] Olamlo HCT 40/5/12.5 [AL]
			[B]7.76	*39.24	25.00	[a] Sevikar HCT 40/5/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13482N NP	2	5	..	*32.28	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5 [TX]	[a] Olamlo HCT 40/10/12.5 [AL]
			[B]8.28	*40.56	25.00	[a] Sevikar HCT 40/10/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13512E NP	2	5	..	*34.52	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet [TX]	[a] Olamlo HCT 40/5/25 [AL]
			[B]7.76	*42.28	25.00	[a] Sevikar HCT 40/5/25 [AF]	

▪ OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14002Y NP	2	5	..	*35.26	25.00	[a] APO-Olmesartan/Amlodipine/HCTZ 40/10/25 [TX]	[a] Olamlo HCT 40/10/25 [AL]
			[B]7.76	*43.02	25.00	[a] Sevikar HCT 40/10/25 [AF]	

▪ SACUBITRIL + VALSARTAN

Authority required (STREAMLINED)

18150

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, **AND**
- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist.

sacubitril 24.3 mg + valsartan 25.7 mg tablet, 56

11123K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	98.56	25.00	[a] Entresto [NV] [a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 24/26 [GQ] [a] Valtresto [TX]	[a] Omtralo [NM] [a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

sacubitril 48.6 mg + valsartan 51.4 mg tablet, 56

11131W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	98.56	25.00	[a] Entresto [NV] [a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 49/51 [GQ] [a] Valtresto [TX]	[a] Omtralo [NM] [a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

sacubitril 97.2 mg + valsartan 102.8 mg tablet, 56

11122J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	98.56	25.00	[a] Entresto [NV] [a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 97/103 [GQ] [a] Valtresto [TX]	[a] Omtralo [NM] [a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

▪ SACUBITRIL + VALSARTAN

Authority required (STREAMLINED)

18338

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, **AND**
- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist.

sacubitril 24.3 mg + valsartan 25.7 mg tablet, 56

13570F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*186.18	25.00	[a] Entresto [NV] [a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 24/26 [GQ] [a] Valtresto [TX]	[a] Omtralo [NM] [a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

sacubitril 48.6 mg + valsartan 51.4 mg tablet, 56

13511D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*186.18	25.00	[a] Entresto [NV] [a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 49/51 [GQ] [a] Valtresto [TX]	[a] Omtralo [NM] [a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

sacubitril 97.2 mg + valsartan 102.8 mg tablet, 56

13445P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*186.18	25.00	[a] Entresto [NV] [a] Pharmacor Sacubitril/Valsartan [CR] [a] Sacubitril/Valsartan Lupin 97/103 [GQ] [a] Valtresto [TX]	[a] Omtralo [NM] [a] Sacubitril/Valsartan Alphapharm [FY] [a] SACUBITRIL/VALSARTAN-WGR [WG]

▪ LIPID MODIFYING AGENTS

LIPID MODIFYING AGENTS, PLAIN

HMG CoA reductase inhibitors

▪ ATORVASTATIN

atorvastatin 10 mg tablet, 30

8213G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.10	18.64	ª APO-Atorvastatin [TX] ª Atorvachol [RF] ª ATORVASTATIN-WGR [WG] ª Lipitor [AS] ª Pharmacor Atorvastatin [CR]	ª ATOMED [DZ] ª Atorvastatin SZ [HX] ª BTC Atorvastatin [BG] ª Lorstat 10 [AF] ª Trovas [RA]

atorvastatin 20 mg tablet, 30

8214H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.20	18.74	ª APO-Atorvastatin [TX] ª Atorvachol [RF] ª ATORVASTATIN-WGR [WG] ª Lipitor [AS] ª Pharmacor Atorvastatin [CR]	ª ATOMED [DZ] ª Atorvastatin SZ [HX] ª BTC Atorvastatin [BG] ª Lorstat 20 [AF] ª Trovas [RA]

atorvastatin 40 mg tablet, 30

8215J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.05	19.59	ª APO-Atorvastatin [TX] ª Atorvachol [RF] ª ATORVASTATIN-WGR [WG] ª Lipitor [AS] ª Pharmacor Atorvastatin [CR]	ª ATOMED [DZ] ª Atorvastatin SZ [HX] ª BTC Atorvastatin [BG] ª Lorstat 40 [AF] ª Trovas [RA]

atorvastatin 80 mg tablet, 30

8521L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	ª APO-Atorvastatin [TX] ª Atorvachol [RF] ª ATORVASTATIN-WGR [WG] ª Lipitor [AS] ª Pharmacor Atorvastatin [CR]	ª ATOMED [DZ] ª Atorvastatin SZ [HX] ª BTC Atorvastatin [BG] ª Lorstat 80 [AF] ª Trovas [RA]

▪ ATORVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

atorvastatin 10 mg tablet, 30

13495G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.84	21.38	ª APO-Atorvastatin [TX] ª Atorvachol [RF] ª ATORVASTATIN-WGR [WG] ª Lipitor [AS] ª Pharmacor Atorvastatin [CR]	ª ATOMED [DZ] ª Atorvastatin SZ [HX] ª BTC Atorvastatin [BG] ª Lorstat 10 [AF] ª Trovas [RA]

atorvastatin 20 mg tablet, 30

13529C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.04	21.58	ª APO-Atorvastatin [TX] ª Atorvachol [RF] ª ATORVASTATIN-WGR [WG] ª Lipitor [AS] ª Pharmacor Atorvastatin [CR]	ª ATOMED [DZ] ª Atorvastatin SZ [HX] ª BTC Atorvastatin [BG] ª Lorstat 20 [AF] ª Trovas [RA]

atorvastatin 40 mg tablet, 30

13468W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.74	23.28	ª APO-Atorvastatin [TX] ª Atorvachol [RF] ª ATORVASTATIN-WGR [WG] ª Lipitor [AS] ª Pharmacor Atorvastatin [CR]	ª ATOMED [DZ] ª Atorvastatin SZ [HX] ª BTC Atorvastatin [BG] ª Lorstat 40 [AF] ª Trovas [RA]

atorvastatin 80 mg tablet, 30

13374X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	ª APO-Atorvastatin [TX] ª Atorvachol [RF]	ª ATOMED [DZ] ª Atorvastatin SZ [HX]

						[a] ATORVASTATIN-WGR [WG]	[a] BTC Atorvastatin [BG]
						[a] Lipitor [AS]	[a] Lorstat 80 [AF]
						[a] Pharmacor Atorvastatin [CR]	[a] Trovas [RA]

▪ PRAVASTATIN

pravastatin sodium 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2833D							
NP	1	5	..	17.10	18.64	[a] APX-Pravastatin [TY]	[a] Lipostat 10 [RF]
						[a] Pravastatin Sandoz [SZ]	[a] PRAVASTATIN-WGR [WG]
			[B]2.75	19.85	18.64	[a] Cholstat 10 [AF]	
			[B]4.69	21.79	18.64	[a] Pravachol [RW]	

pravastatin sodium 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2834E							
NP	1	5	..	17.37	18.91	[a] APX-Pravastatin [TY]	[a] Cholstat 20 [AF]
						[a] Lipostat 20 [RF]	[a] Pravastatin Sandoz [SZ]
						[a] PRAVASTATIN-WGR [WG]	
			[B]4.71	22.08	18.91	[a] Pravachol [RW]	

pravastatin sodium 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8197K							
NP	1	5	..	18.13	19.67	[a] APX-Pravastatin [TY]	[a] Cholstat 40 [AF]
						[a] Lipostat 40 [RF]	[a] Pravastatin Sandoz [SZ]
						[a] PRAVASTATIN-WGR [WG]	
			[B]4.75	22.88	19.67	[a] Pravachol [RW]	

pravastatin sodium 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8829Q							
NP	1	5	..	20.03	21.57	[a] APX-Pravastatin [TY]	[a] Lipostat 80 [RF]
			[B]4.99	25.02	21.57	[a] Pravachol [RW]	

▪ PRAVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pravastatin sodium 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13496H							
NP	2	5	..	*19.84	21.38	[a] APX-Pravastatin [TY]	[a] Lipostat 10 [RF]
						[a] Pravastatin Sandoz [SZ]	[a] PRAVASTATIN-WGR [WG]
			[B]5.50	*25.34	21.38	[a] Cholstat 10 [AF]	
			[B]9.38	*29.22	21.38	[a] Pravachol [RW]	

pravastatin sodium 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13497J							
NP	2	5	..	*20.38	21.92	[a] APX-Pravastatin [TY]	[a] Cholstat 20 [AF]
						[a] Lipostat 20 [RF]	[a] Pravastatin Sandoz [SZ]
						[a] PRAVASTATIN-WGR [WG]	
			[B]9.42	*29.80	21.92	[a] Pravachol [RW]	

pravastatin sodium 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13432Y							
NP	2	5	..	*21.90	23.44	[a] APX-Pravastatin [TY]	[a] Cholstat 40 [AF]
						[a] Lipostat 40 [RF]	[a] Pravastatin Sandoz [SZ]
						[a] PRAVASTATIN-WGR [WG]	
			[B]9.50	*31.40	23.44	[a] Pravachol [RW]	

pravastatin sodium 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13527Y							
NP	2	5	..	*25.70	25.00	[a] APX-Pravastatin [TY]	[a] Lipostat 80 [RF]
			[B]9.98	*35.68	25.00	[a] Pravachol [RW]	

▪ ROSUVASTATIN

rosuvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2628H							
NP	1	5	..	18.10	19.64	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 10 [RW]	[a] Pharmacor Rosuvastatin 10 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]

			[B]4.70	22.80	19.64	[a] Crestor [FK]	

rosuvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2574L							
NP	1	5	..	18.15	19.69	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 20 [RW]	[a] Pharmacor Rosuvastatin 20 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]4.71	22.86	19.69	[a] Crestor [FK]	

rosuvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2594M							
NP	1	5	..	19.66	21.20	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 40 [RW]	[a] Pharmacor Rosuvastatin 40 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]4.76	24.42	21.20	[a] Crestor [FK]	

rosuvastatin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2606E							
NP	1	5	..	17.10	18.64	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 5 [RW]	[a] Pharmacor Rosuvastatin 5 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]4.68	21.78	18.64	[a] Crestor [FK]	

▪ ROSUVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

rosuvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13586C							
NP	2	5	..	*21.84	23.38	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 10 [RW]	[a] Pharmacor Rosuvastatin 10 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]9.40	*31.24	23.38	[a] Crestor [FK]	

rosuvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13588E							
NP	2	5	..	*21.94	23.48	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 20 [RW]	[a] Pharmacor Rosuvastatin 20 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]9.42	*31.36	23.48	[a] Crestor [FK]	

rosuvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13589F							
NP	2	5	..	*24.96	25.00	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 40 [RW]	[a] Pharmacor Rosuvastatin 40 [CR]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]9.52	*34.48	25.00	[a] Crestor [FK]	

rosuvastatin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13406N							
NP	2	5	..	*19.84	21.38	[a] APO-ROSUVASTATIN [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms Rosuvastatin [BG]	[a] Cavstat [AF]
						[a] Crosuva 5 [RW]	[a] Pharmacor Rosuvastatin 5 [CR]

						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	[a] ROSUVASTATIN-WGR [WG]
			[B]9.36	*29.20	21.38	[a] Crestor [FK]	

▪ SIMVASTATIN

simvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2011W NP	1	5	..	17.10	18.64	[a] APO-Simvastatin [TX] [a] Simvastatin Sandoz [SZ] [a] Zimstat [AF]	[a] Simvar 10 [RW] [a] SIMVASTATIN-WGR [WG]

simvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2012X NP	1	5	..	17.10	18.64	[a] APO-Simvastatin [TX] [a] Simvastatin Sandoz [SZ] [a] Zimstat [AF]	[a] Simvar 20 [RW] [a] SIMVASTATIN-WGR [WG]
			[B]8.89	25.99	18.64	[a] Lipex 20 [AL]	[a] Zocor [MQ]

simvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8173E NP	1	5	..	17.27	18.81	[a] APO-Simvastatin [TX] [a] Simvastatin Sandoz [SZ] [a] Zimstat [AF]	[a] Simvar 40 [RW] [a] SIMVASTATIN-WGR [WG]
			[B]8.84	26.11	18.81	[a] Lipex 40 [AL]	[a] Zocor [MQ]

simvastatin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2013Y NP	1	5	..	17.10	18.64	[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]

simvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8313M NP	1	5	..	18.10	19.64	[a] APO-Simvastatin [TX] [a] Simvastatin Sandoz [SZ] [a] Zimstat [AF]	[a] Simvar 80 [RW] [a] SIMVASTATIN-WGR [WG]

▪ SIMVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

simvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13528B NP	2	5	..	*19.84	21.38	[a] APO-Simvastatin [TX] [a] Simvastatin Sandoz [SZ] [a] Zimstat [AF]	[a] Simvar 10 [RW] [a] SIMVASTATIN-WGR [WG]

simvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13373W NP	2	5	..	*19.84	21.38	[a] APO-Simvastatin [TX] [a] Simvastatin Sandoz [SZ] [a] Zimstat [AF]	[a] Simvar 20 [RW] [a] SIMVASTATIN-WGR [WG]
			[B]17.78	*37.62	21.38	[a] Lipex 20 [AL]	[a] Zocor [MQ]

simvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13471B NP	2	5	..	*20.18	21.72	[a] APO-Simvastatin [TX] [a] Simvastatin Sandoz [SZ] [a] Zimstat [AF]	[a] Simvar 40 [RW] [a] SIMVASTATIN-WGR [WG]
			[B]17.68	*37.86	21.72	[a] Lipex 40 [AL]	[a] Zocor [MQ]

simvastatin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13559P NP	2	5	..	*19.84	21.38	[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]

simvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13498K NP	2	5	..	*21.84	23.38	[a] APO-Simvastatin [TX] [a] Simvastatin Sandoz [SZ] [a] Zimstat [AF]	[a] Simvar 80 [RW] [a] SIMVASTATIN-WGR [WG]

Fibrates

▪ FENOFIBRATE

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

fenofibrate 145 mg tablet, 30

9023X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.52	22.06	[a] APO-Fenofibrate [TX] [a] BTC Fenofibrate [BG] [a] Fenofibrate Cipla [LR] [a] FENOFIBRATE RBX [RA] [a] Fenofibrate Viatris [AL] [a] Lipidil [GO]	[a] ARX-FENOFIBRATE [TY] [a] Fenocol [XT] [a] Fenofibrate Lupin [GQ] [a] Fenofibrate Sandoz [SZ] [a] FENOFIBRATE-WGR [WG]

fenofibrate 48 mg tablet, 60

9022W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Fenofibrate [TX] [a] Fenofibrate Lupin [GQ] [a] Fenofibrate Viatris [AL] [a] Lipidil [GO]	[a] ARX-FENOFIBRATE [TY] [a] FENOFIBRATE RBX [RA] [a] FENOFIBRATE-WGR [WG]

▪ FENOFIBRATE

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fenofibrate 145 mg tablet, 30

13587D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*26.68	25.00	[a] APO-Fenofibrate [TX] [a] BTC Fenofibrate [BG] [a] Fenofibrate Cipla [LR] [a] FENOFIBRATE RBX [RA] [a] Fenofibrate Viatris [AL] [a] Lipidil [GO]	[a] ARX-FENOFIBRATE [TY] [a] Fenocol [XT] [a] Fenofibrate Lupin [GQ] [a] Fenofibrate Sandoz [SZ] [a] FENOFIBRATE-WGR [WG]

fenofibrate 48 mg tablet, 60

13469X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Fenofibrate [TX] [a] Fenofibrate Lupin [GQ] [a] Fenofibrate Viatris [AL] [a] Lipidil [GO]	[a] ARX-FENOFIBRATE [TY] [a] FENOFIBRATE RBX [RA] [a] FENOFIBRATE-WGR [WG]

▪ GEMFIBROZIL

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

gemfibrozil 600 mg tablet, 60

1453L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.97	25.00	[a] Ausgem [RW]	[a] Lipigem [AF]

▪ GEMFIBROZIL

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

gemfibrozil 600 mg tablet, 60

13618R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*33.58	25.00	[a] Ausgem [RW]	[a] Lipigem [AF]

Bile acid sequestrants

▪ COLESTYRAMINE

colestyramine 4 g powder for oral liquid, 50 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2967E NP	2	5	..	*81.70	25.00	Questran Lite [GO]

▪ COLESTYRAMINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

colestyramine 4 g powder for oral liquid, 50 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14477Y NP	4	5	..	*150.76	25.00	Questran Lite [GO]

Other lipid modifying agents

▪ EVOLOCUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17313

Familial homozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; OR
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 7, **AND**
- Patient must have an LDL cholesterol level in excess of 1.8 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information.

Treatment criteria:

- Must be treated by a specialist physician; OR
- Must be treated by an authorised prescriber in consultation with a specialist physician.

The qualifying LDL cholesterol level following at least 12 consecutive weeks of treatment with a statin (unless treatment with a statin is contraindicated or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

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

(i) the qualifying Dutch Lipid Clinic Network Score; or

(ii) the result of genetic testing confirming a diagnosis of familial homozygous hypercholesterolaemia

One of the following must be documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

Patients with symptomatic atherosclerotic cardiovascular disease where LDL cholesterol cannot be measured due to hypertriglyceridaemia, may qualify under this authority application if they have a non-HDL in excess of 2.4 millimoles per litre.

evolocumab 140 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10958R NP	3	5	..	*633.60	25.00	Repatha [AN]

▪ EVOLOCUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17402

Familial homozygous hypercholesterolaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in conjunction with dietary therapy and exercise.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

evolocumab 140 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11977J NP	3	5	..	*633.60	25.00	Repatha [AN]

▪ EVOLOCUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16294

Familial heterozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; OR
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 6, **AND**
- Patient must have an LDL cholesterol level in excess of 1.8 millimoles per litre in the presence of symptomatic atherosclerotic cardiovascular disease; OR
- Patient must have an LDL cholesterol level in excess of 5 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse event/contraindication as defined in the TGA approved Product Information necessitating withdrawal of ezetimibe, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with any of: (i) another monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9), (ii) inclisiran, for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician; OR
- Must be treated by an authorised prescriber in consultation with a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout

period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

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

(i) the qualifying Dutch Lipid Clinic Network Score; or

(ii) the result of genetic testing confirming a diagnosis of familial heterozygous hypercholesterolaemia

One of the following must be documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

Patients with symptomatic atherosclerotic cardiovascular disease where LDL cholesterol cannot be measured due to hypertriglyceridaemia, may qualify under this authority application if they have a non-HDL in excess of 2.4 millimoles per litre.

Authority required (STREAMLINED)

16351

Non-familial hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have symptomatic atherosclerotic cardiovascular disease, **AND**
- Patient must have an LDL cholesterol level in excess of 1.8 millimoles per litre, **AND**
- Patient must have atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); OR
- Patient must have severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; OR
- Patient must have had at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse event/contraindication as defined in the TGA approved Product Information necessitating withdrawal of ezetimibe, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with any of: (i) another monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9), (ii) inclisiran, for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician; OR
- Must be treated by an authorised prescriber in consultation with a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

One of the following must be documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

One or more of the following must be documented in the patient's medical records regarding the presence of cardiovascular disease or high risk of experiencing a cardiovascular event:

(i) atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); or

(ii) severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; or

(iii) history of at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; or

(iv) diabetes mellitus with microalbuminuria; or

(v) diabetes mellitus and age 60 years of more; or

(vi) Aboriginal or Torres Strait Islander with diabetes mellitus; or

(vii) a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher

Patients with symptomatic atherosclerotic cardiovascular disease where LDL cholesterol cannot be measured due to hypertriglyceridaemia, may qualify under this authority application if they have a non-HDL in excess of 2.4 millimoles per litre.

evolocumab 140 mg/mL injection, 1 mL pen device

11484K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*425.52	25.00	Repatha [AN]

▪ EVOLOCUMAB

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16336

Non-familial hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from any of: (i) another drug that belongs to the same pharmacological class as this drug, (ii) inclisiran

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have received PBS-subsidised treatment for this PBS indication with any of: (i) a drug from the same pharmacological class as this drug (ii) inclisiran, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with any of: (i) another drug that belongs to the same pharmacological class as this drug, (ii) inclisiran, for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Authority required (STREAMLINED)

16350

Familial heterozygous hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from any of: (i) another drug that belongs to the same pharmacological class as this drug, (ii) inclisiran

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have received PBS-subsidised treatment for this PBS indication with any of: (i) a drug from the same pharmacological class as this drug (ii) inclisiran, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with any of: (i) another drug that belongs to the same pharmacological class as this drug, (ii) inclisiran, for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

evolocumab 140 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11985T NP	2	5	..	*425.52	25.00	Repatha [AN]

▪ EZETIMIBE

ezetimibe 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8757X NP	1	5	..	18.95	20.49	[a] APO-Ezetimibe [TX] [a] BTC Ezetimibe [BG] [a] Ezetimibe GH [GQ] [a] EZETIMIBE-WGR [WG] [a] Zient 10mg [AF]	[a] ARX-EZETIMIBE [XT] [a] EZEMICHOL [RW] [a] Ezetimibe Sandoz [SZ] [a] Pharmacor Ezetimibe 10 [CR]
			[B]3.24	22.19	20.49	[a] Ezetrol [AL]	

▪ EZETIMIBE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ezetimibe 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13440J NP	2	5	..	*23.54	25.00	[a] APO-Ezetimibe [TX] [a] BTC Ezetimibe [BG] [a] Ezetimibe GH [GQ] [a] EZETIMIBE-WGR [WG] [a] Zient 10mg [AF]	[a] ARX-EZETIMIBE [XT] [a] EZEMICHOL [RW] [a] Ezetimibe Sandoz [SZ] [a] Pharmacor Ezetimibe 10 [CR]
			[B]6.48	*30.02	25.00	[a] Ezetrol [AL]	

▪ ICOSAPENT ETHYL

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

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

Authority required (STREAMLINED)

15889

Established atherosclerotic cardiovascular disease with hypertriglyceridaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have at least one of (i) coronary artery disease, (ii) cerebrovascular or carotid disease, (iii) peripheral arterial disease, **AND**
- Patient must be treated with a stable dose of a HMG CoA reductase inhibitor (statin) to achieve target secondary prevention LDL-c levels for at least 12 consecutive weeks; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have LDL cholesterol level between 1.0 millimoles per litre and 2.6 millimoles per litre; OR
- Patient must have a non-HDL cholesterol between 1.5 millimoles per litre and 3.5 millimoles per litre if LDL cannot be measured/detected, **AND**
- Patient must have fasting triglyceride level between 1.7 millimoles per litre and 5.6 millimoles per litre.

The qualifying fasting triglyceride level and LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, dietary therapy and exercise should be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Atherosclerotic cardiovascular disease is defined as:

(i) Documented coronary artery disease (CAD); one or more of the following primary criteria must have been satisfied:

a) Documented multi-vessel CAD (at least 50% stenosis in at least two major epicardial coronary arteries, with or without antecedent revascularisation).

b) Documented prior MI.

c) Hospitalisation for high-risk non-ST-segment elevation acute coronary syndrome, with objective evidence of ischemia: ST-segment deviation or biomarker positivity.

(ii) Documented cerebrovascular or carotid disease; one of the following primary criteria must have been satisfied:

a) Documented prior ischemic stroke.
b) Symptomatic carotid artery disease with at least 50% carotid arterial stenosis.
c) Asymptomatic carotid artery disease with at least 70% carotid arterial stenosis per angiography or duplex ultrasound.
d) History of carotid revascularisation (catheter-based or surgical).
(iii) Documented peripheral arterial disease; one or more of the following primary criteria must have been satisfied:
a) Ankle brachial index (ABI) less than 0.9 with symptoms of intermittent claudication.
b) History of aorto-iliac or peripheral arterial intervention (catheter-based or surgical).

Authority required (STREAMLINED)

15927

Established atherosclerotic cardiovascular disease with hypertriglyceridaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The treatment must be co-administered with a HMG CoA reductase inhibitor (statin), unless the patient is contraindicated to statins or has developed statin related adverse events necessitating withdrawal of statin treatment.

Icosapent ethyl 998 mg capsule, 120

14617H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	150.64	25.00	Vazkepa [CS]

▪ INCLISIRAN

Note Monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) medications are evolocumab.
Note Authority applications for increased repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16320

Familial heterozygous hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from a monoclonal antibody inhibiting proprotein coverase subtilisin kexin type 9 (PSCK9) for this PBS indication

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have previously received PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Authority required (STREAMLINED)

16356

Non-familial hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from a monoclonal antibody inhibiting proprotein coverase subtilisin kexin type 9 (PSCK9) for this PBS indication

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have previously received PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

inclisiran 284 mg/1.5 mL injection, 1.5 mL syringe

14087K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1853.35	25.00	Leqvio [NV]

▪ INCLISIRAN

Note Monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) medications are evolocumab.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16295

Familial heterozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; OR
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 6, **AND**
- Patient must have an LDL cholesterol level in excess of 1.8 millimoles per litre in the presence of symptomatic atherosclerotic cardiovascular disease; OR
- Patient must have an LDL cholesterol level in excess of 5 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse event/contraindication as defined in the TGA approved Product Information necessitating withdrawal of ezetimibe, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician; OR
- Must be treated by an authorised prescriber in consultation with a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

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

(i) the qualifying Dutch Lipid Clinic Network Score; or

(ii) the result of genetic testing confirming a diagnosis of familial heterozygous hypercholesterolaemia

One of the following must be documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

Patients with symptomatic atherosclerotic cardiovascular disease where LDL cholesterol cannot be measured due to hypertriglyceridaemia, may qualify under this authority application if they have a non-HDL in excess of 2.4 millimoles per litre.

Authority required (STREAMLINED)

16331

Non-familial hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have symptomatic atherosclerotic cardiovascular disease, **AND**
- Patient must have an LDL cholesterol level in excess of 1.8 millimoles per litre, **AND**
- Patient must have atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); OR
- Patient must have severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; OR
- Patient must have had at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse event/contraindication as defined in the TGA approved Product Information necessitating withdrawal of ezetimibe, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9) for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician; OR
- Must be treated by an authorised prescriber in consultation with a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

One of the following must be documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

One or more of the following must be documented in the patient's medical records regarding the presence of cardiovascular disease or high risk of experiencing a cardiovascular event:

(i) atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); or

(ii) severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; or

(iii) history of at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; or
(iv) diabetes mellitus with microalbuminuria; or
(v) diabetes mellitus and age 60 years or more; or
(vi) Aboriginal or Torres Strait Islander with diabetes mellitus; or
(vii) a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher.
Patients with symptomatic atherosclerotic cardiovascular disease where LDL cholesterol cannot be measured due to hypertriglyceridaemia, may qualify under this authority application if they have a non-HDL in excess of 2.4 millimoles per litre.

inclisiran 284 mg/1.5 mL injection, 1.5 mL syringe

14101E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1853.35	25.00	Leqvio [NV]

LIPID MODIFYING AGENTS, COMBINATIONS

Combinations of various lipid modifying agents

▪ EZETIMIBE (&) ROSUVASTATIN

ezetimibe 10 mg tablet [30] (&) rosuvastatin 10 mg tablet [30], 60

10208G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	26.92	25.00	[a] Ezalo Composite Pack 10mg+10mg [AF] [a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/10 mg [SZ]
		[B]2.89	29.81	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 20 mg tablet [30], 60

10201X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	28.84	25.00	[a] Ezalo Composite Pack 10mg+20mg [AF] [a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/20 mg [SZ]
		[B]2.89	31.73	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 40 mg tablet [30], 60

10207F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	28.53	25.00	[a] Ezalo Composite Pack 10mg+40mg [AF] [a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/40 mg [SZ]
		[B]3.00	31.53	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60

10204C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	25.57	25.00	[a] Ezalo Composite Pack 10mg+5mg [AF]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/5 mg [SZ]
		[B]2.79	28.36	25.00	[a] Rosuzet Composite Pack [AL]	

▪ EZETIMIBE (&) ROSUVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ezetimibe 10 mg tablet [30] (&) rosuvastatin 10 mg tablet [30], 60

13569E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*39.48	25.00	[a] Ezalo Composite Pack 10mg+10mg [AF] [a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/10 mg [SZ]
		[B]5.78	*45.26	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 20 mg tablet [30], 60

13480L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*43.32	25.00	[a] Ezalo Composite Pack 10mg+20mg [AF] [a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/20 mg [SZ]
		[B]5.78	*49.10	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 40 mg tablet [30], 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13537L NP	‡2	5	..	*42.70	25.00	[a] Ezalo Composite Pack 10mg+40mg [AF] [a] Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/40 mg [SZ]
			[B]6.00	*48.70	25.00	[a] Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13629H NP	‡2	5	..	*36.78	25.00	[a] Ezalo Composite Pack 10mg+5mg [AF]	[a] Ezetimibe - Rosuvastatin Sandoz 10 mg/5 mg [SZ]
			[B]5.58	*42.36	25.00	[a] Rosuzet Composite Pack [AL]	

▪ EZETIMIBE + ATORVASTATIN

ezetimibe 10 mg + atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10392Y NP	1	5	..	22.67	24.21	[a] Atozet [AF] [a] Ezetimibe/Atorvastatin GH 10/10 [GQ]	[a] Ezetast [XT]

ezetimibe 10 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10393B NP	1	5	..	23.22	24.76	[a] Ezetast [XT]	[a] Ezetimibe/Atorvastatin GH 10/20 [GQ]
			[B]2.13	25.35	24.76	[a] Atozet [AF]	

ezetimibe 10 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10377E NP	1	5	..	25.13	25.00	[a] Ezetast [XT]	[a] Ezetimibe/Atorvastatin GH 10/40 [GQ]
			[B]2.16	27.29	25.00	[a] Atozet [AF]	

ezetimibe 10 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10376D NP	1	5	..	27.87	25.00	[a] Ezetast [XT]	[a] Ezetimibe/Atorvastatin GH 10/80 [GQ]
			[B]2.91	30.78	25.00	[a] Atozet [AF]	

▪ EZETIMIBE + ATORVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ezetimibe 10 mg + atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13539N NP	2	5	..	*30.98	25.00	[a] Atozet [AF] [a] Ezetimibe/Atorvastatin GH 10/10 [GQ]	[a] Ezetast [XT]

ezetimibe 10 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13622Y NP	2	5	..	*32.08	25.00	[a] Ezetast [XT]	[a] Ezetimibe/Atorvastatin GH 10/20 [GQ]
			[B]4.26	*36.34	25.00	[a] Atozet [AF]	

ezetimibe 10 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13416D NP	2	5	..	*35.90	25.00	[a] Ezetast [XT]	[a] Ezetimibe/Atorvastatin GH 10/40 [GQ]
			[B]4.32	*40.22	25.00	[a] Atozet [AF]	

ezetimibe 10 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13538M NP	2	5	..	*41.38	25.00	[a] Ezetast [XT]	[a] Ezetimibe/Atorvastatin GH 10/80 [GQ]
			[B]5.82	*47.20	25.00	[a] Atozet [AF]	

▪ EZETIMIBE + SIMVASTATIN

ezetimibe 10 mg + simvastatin 10 mg tablet, 30

9483D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.83	22.37	[a] APO-Ezetimibe/Simvastatin 10/10 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/10 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/10 [CR]	[a] Zimybe 10/10 [MQ]
			[B]1.94	22.77	22.37	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 20 mg tablet, 30

9484E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	21.15	22.69	[a] APO-Ezetimibe/Simvastatin 10/20 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/20 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/20 [CR]	[a] Zimybe 10/20 [MQ]
			[B]1.94	23.09	22.69	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 40 mg tablet, 30

8881K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	21.61	23.15	[a] APO-Ezetimibe/Simvastatin 10/40 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/40 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/40 [CR]	[a] Zimybe 10/40 [MQ]
			[B]2.91	24.52	23.15	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 80 mg tablet, 30

8882L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.25	23.79	[a] APO-Ezetimibe/Simvastatin 10/80 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/80 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/80 [CR]	[a] Zimybe 10/80 [MQ]
			[B]2.91	25.16	23.79	[a] Vytorin [AL]	

▪ EZETIMIBE + SIMVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ezetimibe 10 mg + simvastatin 10 mg tablet, 30

13385L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*27.30	25.00	[a] APO-Ezetimibe/Simvastatin 10/10 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/10 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/10 [CR]	[a] Zimybe 10/10 [MQ]
			[B]3.88	*31.18	25.00	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 20 mg tablet, 30

13442L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*27.94	25.00	[a] APO-Ezetimibe/Simvastatin 10/20 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/20 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/20 [CR]	[a] Zimybe 10/20 [MQ]
			[B]3.88	*31.82	25.00	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 40 mg tablet, 30

13535J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*28.86	25.00	[a] APO-Ezetimibe/Simvastatin 10/40 [TX]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						[a] EZETIMIBE/SIMVASTATIN-WGR 10/40 [WG]	[a] EZETORIN [RW]
						[a] Pharmacor Ezetimibe Simvastatin 10/40 [CR]	[a] Zimybe 10/40 [MQ]

			[B]5.82	*34.68	25.00	[a] Vytorin [AL]	

ezetimibe 10 mg + simvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13595M NP	2	5	..	*30.14	25.00	[a] APO-Ezetimibe/Simvastatin 10/80 [TX] [a] EZETIMIBE/SIMVASTATIN-WGR 10/80 [WG] [a] Pharmacor Ezetimibe Simvastatin 10/80 [CR]	[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ] [a] EZETORIN [RW] [a] Zimybe 10/80 [MQ]
			[B]5.82	*35.96	25.00	[a] Vytorin [AL]	

Lipid modifying agents in combination with other drugs

▪ AMLODIPINE + ATORVASTATIN

amlodipine 10 mg + atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9053L NP	1	5	..	17.99	19.53	[a] Cadivast 10/10 [AF]	[a] Caduet 10/10 [AS]

amlodipine 10 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9054M NP	1	5	..	18.17	19.71	[a] Cadivast 10/20 [AF]	[a] Caduet 10/20 [AS]

amlodipine 10 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9055N NP	1	5	..	19.02	20.56	[a] Cadivast 10/40 [AF]	[a] Caduet 10/40 [AS]

amlodipine 10 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9056P NP	1	5	..	20.29	21.83	[a] Cadivast 10/80 [AF]	[a] Caduet 10/80 [AS]

amlodipine 5 mg + atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9049G NP	1	5	..	17.35	18.89	Cadivast 5/10 [AF]

amlodipine 5 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9050H NP	1	5	..	18.03	19.57	Cadivast 5/20 [AF]

amlodipine 5 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9051J NP	1	5	..	18.38	19.92	[a] Cadivast 5/40 [AF]
			[B]4.77	23.15	19.92	[a] Caduet 5/40 [AS]

amlodipine 5 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9052K NP	1	5	..	19.65	21.19	[a] Cadivast 5/80 [AF]	[a] Caduet 5/80 [AS]

▪ AMLODIPINE + ATORVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

amlodipine 10 mg + atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13479K NP	2	5	..	*21.62	23.16	[a] Cadivast 10/10 [AF]	[a] Caduet 10/10 [AS]

amlodipine 10 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13384K NP	2	5	..	*21.98	23.52	[a] Cadivast 10/20 [AF]	[a] Caduet 10/20 [AS]

amlodipine 10 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13536K NP	2	5	..	*23.68	25.00	[a] Cadivast 10/40 [AF]	[a] Caduet 10/40 [AS]

amlodipine 10 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13963X NP	2	5	..	*26.22	25.00	[a] Cadivast 10/80 [AF]	[a] Caduet 10/80 [AS]

amlodipine 5 mg + atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13596N NP	2	5	..	*20.34	21.88	Cadivast 5/10 [AF]

amlodipine 5 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13567C NP	2	5	..	*21.70	23.24	Cadivast 5/20 [AF]

amlodipine 5 mg + atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13415C NP	2	5	..	*22.40	23.94	[a] Cadivast 5/40 [AF]
			[B]9.54	*31.94	23.94	[a] Caduet 5/40 [AS]

amlodipine 5 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13597P NP	2	5	..	*24.94	25.00	[a] Cadivast 5/80 [AF]	[a] Caduet 5/80 [AS]

▪ DERMATOLOGICALS

▪ ANTIFUNGALS FOR DERMATOLOGICAL USE

ANTIFUNGALS FOR TOPICAL USE

Imidazole and triazole derivatives

▪ MICONAZOLE

Authority required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

miconazole nitrate 2% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9027D NP	‡1	2	..	19.76	21.30	Daktarin [JT]

miconazole nitrate 2% cream, 70 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9028E NP	‡1	1	..	20.94	22.48	Daktarin [JT]

miconazole nitrate 2% powder, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9029F NP	‡1	2	..	20.25	21.79	Daktarin [JT]

miconazole 2% solution, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9031H NP	‡1	2	..	22.58	24.12	Daktarin Tincture [JT]

Other antifungals for topical use

▪ TERBINAFINE

Authority required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required (STREAMLINED)

6412

Fungal or yeast infection

Clinical criteria:

- The condition must be fungal; OR
- The condition must be due to yeast.

Population criteria:

- Patient must be 18 years of age or less.

terbinafine hydrochloride 1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9160D NP	2	3	..	*40.46	25.00	Lamisil [NP]

ANTIFUNGALS FOR SYSTEMIC USE

Antifungals for systemic use

▪ GRISEOFULVIN

griseofulvin 125 mg tablet, 100

1460W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	24.72	25.00	Grisovin [AS]

NP

griseofulvin 500 mg tablet, 28

2982Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	25.33	25.00	Grisovin 500 [AS]

NP

▪ TERBINAFINE

Authority required

Dermatophyte infection

Clinical criteria:

- Patient must have failed to respond to topical treatment.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required

Dermatophyte infection

Clinical criteria:

- Patient must have failed to respond to topical treatment, **AND**
- Patient must have failed to respond to griseofulvin.

Population criteria:

- Patient must be 18 years of age or less.

terbinafine 250 mg tablet, 42

2285G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	26.75	25.00	[a] APO-Terbinafine [TX]	[a] Tamsil [RW]
					[a] Terbinafine-DRLA [RZ]	[a] Terbinafine Sandoz [SZ]
					[a] TERBINAFINE-WGR [WG]	[a] Tinasil [AF]

NP

▪ TERBINAFINE

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

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

Authority required

Onychomycosis

Clinical criteria:

- The condition must be proximal or extensive (greater than 80% nail involvement), **AND**
- Patient must have failed to respond to topical treatment, **AND**
- The condition must be due to dermatophyte infection proven by microscopy and confirmed by an Approved Pathology Provider; OR
- The condition must be due to dermatophyte infection proven by culture and confirmed by an Approved Pathology Provider.

The date of the pathology report must be provided at the time of application and must not be more than 12 months old

terbinafine 250 mg tablet, 42

2804N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	26.75	25.00	[a] APO-Terbinafine [TX]	[a] Tamsil [RW]
					[a] Terbinafine-DRLA [RZ]	[a] Terbinafine Sandoz [SZ]
					[a] TERBINAFINE-WGR [WG]	[a] Tinasil [AF]

NP

▪ ANTIPSORIATICS

ANTIPSORIATICS FOR TOPICAL USE

Other antipsoriatics for topical use

▪ CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE

Restricted benefit

Chronic stable plaque type psoriasis vulgaris

Clinical criteria:

- The condition must be inadequately controlled by potent topical corticosteroid monotherapy.

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% foam, 60 g

11091R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	84.44	25.00	[a] Klarvanta [XT]
		[B]9.65	94.09	25.00	[a] Enstilar [LO]

NP

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9494Q NP	‡1	1	..	39.21	25.00	[a] Calcipotriol/Betamethasone Sandoz 50/500 [SZ]	[a] Daivobet [LO]

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% gel, 60 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15352B NP	‡1	1	..	64.07	25.00	Actobet 50/500 [KT]

Calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% cream, 60 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15203E NP	‡1	1	..	64.07	25.00	Wynzora 50/500 [KT]

▪ CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE

Restricted benefit

Chronic stable plaque type psoriasis vulgaris

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled by potent topical corticosteroid monotherapy.

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% foam, 60 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13520N NP	‡2	1	..	*156.52	25.00	[a] Klarvanta [XT]
			[B]20.28	*176.80	25.00	[a] Enstilar [LO]

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13577N NP	‡2	1	..	*64.06	25.00	[a] Calcipotriol/Betamethasone Sandoz 50/500 [SZ]	[a] Daivobet [LO]

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% gel, 60 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15345P NP	2	1	..	*113.78	25.00	Actobet 50/500 [KT]

Calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% cream, 60 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15212P NP	2	1	..	*113.78	25.00	Wynzora 50/500 [KT]

ANTIPSORIATICS FOR SYSTEMIC USE

Retinoids for treatment of psoriasis

▪ ACITRETIN

Caution This drug is a potent teratogen - pregnancy should be avoided during therapy and for at least three years after cessation of therapy.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority required (STREAMLINED)

17316

Severe intractable psoriasis

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

Authority required (STREAMLINED)

17272

Severe disorders of keratinisation

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

acitretin 10 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2019G NP	1	2	..	107.73	25.00	[a] Neotigason [TB]	[a] ZETIN [RW]

acitretin 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2020H NP	1	2	..	208.73	25.00	[a] Neotigason [TB]	[a] ZETIN [RW]

▪ CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

CORTICOSTEROIDS, PLAIN

Corticosteroids, weak (group I)

▪ HYDROCORTISONE ACETATE

Restricted benefit

Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% cream, 50 g

2881P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	17.10	18.64	[a] Cortic-DS 1% [LN]
		[B]2.19	19.29	18.64	[a] Sigmacort [AS]

NP

hydrocortisone acetate 1% ointment, 50 g

2882Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	17.10	18.64	[a] Cortic-DS 1% [LN]
		[B]2.19	19.29	18.64	[a] Sigmacort [AS]

NP

▪ HYDROCORTISONE ACETATE

Restricted benefit

Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% cream, 50 g

5113D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	17.10	18.64	[a] Cortic-DS 1% [LN]
		[B]2.19	19.29	18.64	[a] Sigmacort [AS]

DP

hydrocortisone acetate 1% ointment, 50 g

5114E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	17.10	18.64	[a] Cortic-DS 1% [LN]
		[B]2.19	19.29	18.64	[a] Sigmacort [AS]

DP

Corticosteroids, moderately potent (group II)

▪ TRIAMCINOLONE

Restricted benefit

Corticosteroid-responsive dermatoses

triamcinolone acetonide 0.02% cream, 100 g

2117K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.84	23.38	[a] Tricortone [LN]
		[B]3.04	*24.88	23.38	[a] Aristocort 0.02% [AS]

NP

triamcinolone acetonide 0.02% ointment, 100 g

2118L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.84	23.38	[a] Tricortone [LN]
		[B]3.04	*24.88	23.38	[a] Aristocort 0.02% [AS]

NP

Corticosteroids, potent (group III)

▪ BETAMETHASONE DIPROPIONATE

Restricted benefit

Corticosteroid-responsive dermatoses

betamethasone (as dipropionate) 0.05% ointment, 15 g

1119X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.25	19.79	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
		[B]2.28	20.53	19.79	[a] Diprosone [AF]	

NP

betamethasone (as dipropionate) 0.05% cream, 15 g

1115Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.25	19.79	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
		[B]2.28	20.53	19.79	[a] Diprosone [AF]	

NP

▪ BETAMETHASONE DIPROPIONATE

Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10795E NP	2	5	..	*22.14	23.68	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]4.56	*26.70	23.68	[a] Diprosone [AF]	

betamethasone (as dipropionate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10824Q NP	2	5	..	*22.14	23.68	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]4.56	*26.70	23.68	[a] Diprosone [AF]	

▪ BETAMETHASONE DIPROPIONATE

Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10820L NP	4	5	..	*29.92	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]9.12	*39.04	25.00	[a] Diprosone [AF]	

betamethasone (as dipropionate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10800K NP	4	5	..	*29.92	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]9.12	*39.04	25.00	[a] Diprosone [AF]	

▪ BETAMETHASONE DIPROPIONATE

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10821M NP	6	5	..	*37.68	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]13.68	*51.36	25.00	[a] Diprosone [AF]	

betamethasone (as dipropionate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10813D NP	6	5	..	*37.68	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]13.68	*51.36	25.00	[a] Diprosone [AF]	

▪ BETAMETHASONE DIPROPIONATE

Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10816G NP	8	5	..	*45.48	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]18.24	*63.72	25.00	[a] Diprosone [AF]	

betamethasone (as dipropionate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10801L NP	8	5	..	*45.48	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]18.24	*63.72	25.00	[a] Diprosone [AF]	

▪ BETAMETHASONE DIPROPIONATE

Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10823P	10	5	..	*53.24	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]

			[B]22.80	*76.04	25.00	[a] Diprosone [AF]

NP **etamethasone (as dipropionate) 0.05% cream, 15 g**

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10802M	10	5	..	*53.24	25.00	[a] DIPROVANT [NB]	[a] Eleuphrat [AL]
			[B]22.80	*76.04	25.00	[a] Diprosone [AF]	

▪ BETAMETHASONE VALERATE

Restricted benefit

Corticosteroid-responsive dermatoses

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2813C	1	1	..	17.10	18.64	[a] Cortival 1/2 [LN]
NP			[B]2.38	19.48	18.64	[a] Betnovate 1/2 [AS]

▪ BETAMETHASONE VALERATE

Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10799J	2	5	..	*19.84	21.38	[a] Cortival 1/2 [LN]
NP			[B]4.76	*24.60	21.38	[a] Betnovate 1/2 [AS]

▪ BETAMETHASONE VALERATE

Restricted benefit

Corticosteroid-responsive dermatoses

betamethasone (as valerate) 0.02% cream, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2812B	2	..	..	*24.70	25.00	[a] Antroquoril [AL] [b] Cortival 1/5 [LN]
NP			[B]3.92	*28.62	25.00	[b] Betnovate 1/5 [AS]
			[B]4.78	*29.48	25.00	[a] Celestone-M [AF]

▪ BETAMETHASONE VALERATE

Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10794D	4	5	..	*25.32	25.00	[a] Cortival 1/2 [LN]
NP			[B]9.52	*34.84	25.00	[a] Betnovate 1/2 [AS]

▪ BETAMETHASONE VALERATE

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10808W	6	5	..	*30.78	25.00	[a] Cortival 1/2 [LN]
NP			[B]14.28	*45.06	25.00	[a] Betnovate 1/2 [AS]

▪ BETAMETHASONE VALERATE

Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10807T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	8	5	..	*36.28	25.00	[a] Cortival 1/2 [LN]
			[B]19.04	*55.32	25.00	[a] Betnovate 1/2 [AS]

▪ BETAMETHASONE VALERATE

Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10810Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	10	5	..	*41.74	25.00	[a] Cortival 1/2 [LN]
			[B]23.80	*65.54	25.00	[a] Betnovate 1/2 [AS]

▪ METHYLPREDNISOLONE

Restricted benefit

Corticosteroid-responsive dermatoses

methylprednisolone aceponate 0.1% cream, 15 g

8054X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	19.55	21.09	[a] Supriad Cream [XT]
			[B]3.79	23.34	21.09	[a] Advantan [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

8055Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	19.55	21.09	[a] Metvant [NB]	[a] Supriad Ointment [XT]
			[B]3.79	23.34	21.09	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

8128T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	19.55	21.09	[a] Metvant (Fatty) [NB] [a] Tanilone (Fatty) [AS]	[a] Supriad Fatty Ointment [XT]
			[B]3.79	23.34	21.09	[a] Advantan (Fatty) [LO]	

▪ METHYLPREDNISOLONE

Restricted benefit

Eczema

methylprednisolone aceponate 0.1% lotion, 20 g

8618N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	20.15	21.69	Advantan [LO]

▪ METHYLPREDNISOLONE

Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10842P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*24.74	25.00	[a] Supriad Cream [XT]
			[B]7.58	*32.32	25.00	[a] Advantan [LO]

methylprednisolone aceponate 0.1% lotion, 20 g

10856J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*25.94	25.00	Advantan [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

10846W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*24.74	25.00	[a] Metvant [NB]	[a] Supriad Ointment [XT]
			[B]7.58	*32.32	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

10848Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*24.74	25.00	[a] Metvant (Fatty) [NB] [a] Tanilone (Fatty) [AS]	[a] Supriad Fatty Ointment [XT]
			[B]7.58	*32.32	25.00	[a] Advantan (Fatty) [LO]	

▪ METHYLPREDNISOLONE

Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10855H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*35.12	25.00	[a] Supriad Cream [XT]
		[B]15.16	*50.28	25.00	[a] Advantan [LO]

methylprednisolone aceponate 0.1% lotion, 20 g

10838K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*31.74	25.00	Advantan [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

10836H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*35.12	25.00	[a] Metvant [NB]	[a] Supriad Ointment [XT]
		[B]15.16	*50.28	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

10840M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*35.12	25.00	[a] Metvant (Fatty) [NB] [a] Tanilone (Fatty) [AS]	[a] Supriad Fatty Ointment [XT]
		[B]15.16	*50.28	25.00	[a] Advantan (Fatty) [LO]	

▪ METHYLPREDNISOLONE

Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10833E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	5	..	*66.24	25.00	[a] Supriad Cream [XT]
		[B]37.90	*104.14	25.00	[a] Advantan [LO]

methylprednisolone aceponate 0.1% lotion, 20 g

10830B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	5	..	*43.29	25.00	Advantan [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

10843Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10	5	..	*66.24	25.00	[a] Metvant (Fatty) [NB] [a] Tanilone (Fatty) [AS]	[a] Supriad Fatty Ointment [XT]
		[B]37.90	*104.14	25.00	[a] Advantan (Fatty) [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

10845T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10	5	..	*66.24	25.00	[a] Metvant [NB]	[a] Supriad Ointment [XT]
		[B]37.90	*104.14	25.00	[a] Advantan [LO]	

▪ METHYLPREDNISOLONE

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10835G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*45.48	25.00	[a] Supriad Cream [XT]
		[B]22.74	*68.22	25.00	[a] Advantan [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

10844R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
6	5	..	*45.48	25.00	[a] Metvant (Fatty) [NB] [a] Tanilone (Fatty) [AS]	[a] Supriad Fatty Ointment [XT]
		[B]22.74	*68.22	25.00	[a] Advantan (Fatty) [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10853F NP	6	5	..	*45.48	25.00	[a] Metvant [NB]	[a] Supriad Ointment [XT]
			[B]22.74	*68.22	25.00	[a] Advantan [LO]	

▪ METHYLPREDNISOLONE

Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10851D NP	8	5	..	*55.88	25.00	[a] Supriad Cream [XT]
			[B]30.32	*86.20	25.00	[a] Advantan [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10834F NP	8	5	..	*55.88	25.00	[a] Metvant [NB]	[a] Supriad Ointment [XT]
			[B]30.32	*86.20	25.00	[a] Advantan [LO]	

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10839L NP	8	5	..	*55.88	25.00	[a] Metvant (Fatty) [NB] [a] Tanilone (Fatty) [AS]	[a] Supriad Fatty Ointment [XT]
			[B]30.32	*86.20	25.00	[a] Advantan (Fatty) [LO]	

▪ METHYLPREDNISOLONE

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10852E NP	4	5	..	*37.52	25.00	Advantan [LO]

▪ MOMETASONE

Restricted benefit

Corticosteroid-responsive dermatoses

mometasone furoate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1913Q NP	1	..	..	18.10	19.64	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]3.33	21.43	19.64	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% lotion, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8043H NP	1	..	..	19.46	21.00	[a] Novasone [AF]	[a] Zatamil [EO]
			[B]5.31	24.77	21.00	[a] Elocon [AL]	

mometasone furoate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1915T NP	1	..	..	18.10	19.64	[a] GLENMARK MOMETASONE [JM] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]3.33	21.43	19.64	[a] Elocon [AL]	

▪ MOMETASONE

Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10827W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.84	23.38	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]6.66	*28.50	23.38	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% lotion, 30 mL

10819K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*24.56	25.00	[a] Novasone [AF]	[a] Zatamil [EO]
			[B]10.62	*35.18	25.00	[a] Elocon [AL]	

mometasone furoate 0.1% ointment, 15 g

10812C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.84	23.38	[a] GLENMARK MOMETASONE [JM] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]6.66	*28.50	23.38	[a] Elocon [AL]	

▪ MOMETASONE

Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10809X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	..	*29.32	25.00	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]13.32	*42.64	25.00	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% lotion, 30 mL

10826T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	5	..	*29.67	25.00	[a] Novasone [AF]	[a] Zatamil [EO]
			[B]15.93	*45.60	25.00	[a] Elocon [AL]	

mometasone furoate 0.1% ointment, 15 g

10814E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	..	*29.32	25.00	[a] GLENMARK MOMETASONE [JM] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]13.32	*42.64	25.00	[a] Elocon [AL]	

▪ MOMETASONE

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10815F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	..	*36.78	25.00	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]19.98	*56.76	25.00	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% ointment, 15 g

10828X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	..	*36.78	25.00	[a] GLENMARK MOMETASONE [JM] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]19.98	*56.76	25.00	[a] Elocon [AL]	

▪ MOMETASONE

Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10818J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	..	*44.28	25.00	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]26.64	*70.92	25.00	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% ointment, 15 g

10793C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	..	*44.28	25.00	[a] GLENMARK MOMETASONE [JM] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]26.64	*70.92	25.00	[a] Elocon [AL]	

▪ MOMETASONE

Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10792B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	10	5	..	*51.74	25.00	[a] GLENMARK MOMETASONE Alcohol Free [JM]	[a] Novasone [AF]
			[B]33.30	*85.04	25.00	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% lotion, 30 mL

10804P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	5	5	..	*39.84	25.00	[a] Novasone [AF]	[a] Zatamil [EO]
			[B]26.55	*66.39	25.00	[a] Elocon [AL]	

mometasone furoate 0.1% ointment, 15 g

10791Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	10	5	..	*51.74	25.00	[a] GLENMARK MOMETASONE [JM] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]33.30	*85.04	25.00	[a] Elocon [AL]	

▪ MOMETASONE

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

mometasone furoate 0.1% lotion, 30 mL

10805Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	..	*34.76	25.00	[a] Novasone [AF]	[a] Zatamil [EO]
			[B]21.24	*56.00	25.00	[a] Elocon [AL]	

Corticosteroids, very potent (group IV)

▪ CLOBETASOL

Authority required (STREAMLINED)

17270

Moderate to severe scalp psoriasis

Clinical criteria:

- The condition must be inadequately controlled with either a vitamin D analogue or potent topical corticosteroid as monotherapy; OR
- The condition must be inadequately controlled with combination use of a vitamin D analogue and potent topical corticosteroid.

Population criteria:

- Patient must be at least 18 years of age.

clobetasol propionate 0.05% shampoo, 125 mL

10080M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	1	..	47.38	25.00	Clobex [GA]

▪ CLOBETASOL

Note Treatment should be limited to a maximum of 15 g per week.
Note This preparation is only suitable for small areas of affected skin.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Corticosteroid-responsive dermatoses
Clinical criteria:
- The condition must be resistant to lower potency topical corticosteroid therapy.

clobetasol propionate 0.05% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14832P NP	‡1	..	..	21.97	23.51	Xobet [XT]

clobetasol propionate 0.05% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14808J NP	‡1	..	..	21.97	23.51	Xobet [XT]

▪ ANTI-ACNE PREPARATIONS

ANTI-ACNE PREPARATIONS FOR TOPICAL USE

Retinoids for topical use in acne

▪ ADAPALENE + BENZOYL PEROXIDE

Restricted benefit
Severe acne vulgaris
Treatment Phase: Acute treatment
Clinical criteria:
- The treatment must in combination with an oral antibiotic.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8954G NP	‡1	1	..	30.62	25.00	Epiduo [GA]

▪ ADAPALENE + BENZOYL PEROXIDE

Restricted benefit
Severe acne vulgaris
Clinical criteria:
- The treatment must be maintenance therapy.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8955H NP	‡1	3	..	30.62	25.00	Epiduo [GA]

▪ ADAPALENE + BENZOYL PEROXIDE

Restricted benefit
Severe acne vulgaris
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be maintenance therapy.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13363H NP	‡2	3	..	*46.88	25.00	Epiduo [GA]

ANTI-ACNE PREPARATIONS FOR SYSTEMIC USE

Retinoids for treatment of acne

▪ ISOTRETINOIN

Caution This drug causes birth defects.
This drug has been reported to cause other frequent and potentially serious toxicity.
Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority required (STREAMLINED)
17268
Severe cystic acne
Clinical criteria:
- The condition must be unresponsive to other therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

isotretinoin 5 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11716P NP	1	3	..	25.84	25.00	Oratane [RF]

isotretinoin 30 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11921K NP	1	3	..	62.83	25.00	Oratane [RF]

isotretinoin 10 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2591J NP	1	3	..	30.93	25.00	[a] APO-Isotretinoin [TX] [a] Isotretinoin GX [SZ] [a] ISOTRETINOIN-WGR [WG]	[a] Dermatane [ZS] [a] Isotretinoin Lupin [GQ] [a] Oratane [RF]

isotretinoin 40 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2549E NP	1	3	..	46.67	25.00	[a] Dermatane [ZS]	[a] Oratane [RF]

▪ ISOTRETINOIN

Caution This drug causes birth defects.
This drug has been reported to cause other frequent and potentially serious toxicity.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Pharmaceutical benefits that have form pack size isotretinoin 20 mg capsule, 60 and isotretinoin 20 mg capsule, 30 are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

17268

Severe cystic acne

Clinical criteria:

- The condition must be unresponsive to other therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

isotretinoin 20 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11621P NP	2	3	..	*40.20	25.00	[a] Isotretinoin Dr.Reddy's [RZ]	[a] Roaccutane [PB]

isotretinoin 20 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2592K NP	1	3	..	40.21	25.00	[a] APO-Isotretinoin [TX] [a] Isotretinoin Dr.Reddy's [RZ] [a] Isotretinoin Lupin [GQ] [a] Oratane [RF]	[a] Dermatane [ZS] [a] Isotretinoin GX [SZ] [a] ISOTRETINOIN-WGR [WG] [a] Pharmacor Isotretinoin [CR]

▪ OTHER DERMATOLOGICAL PREPARATIONS

OTHER DERMATOLOGICAL PREPARATIONS

Antihidrotics

▪ GLYCOPYRRONIUM

Caution The anticholinergic effect of this medicine may exacerbate pre-existing medical conditions including but not limited to cardiac arrhythmias.

Authority required (STREAMLINED)

18870

Severe primary axillary hyperhidrosis

Clinical criteria:

- Patient must have previously failed topical aluminium chloride after one to two months of treatment; OR
- Patient must be intolerant to topical aluminium chloride treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Glycopyrronium 2.2 mg/actuation cream, 124 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15337F	‡1	2	..	156.24	25.00	Axhidrox [KT]

Agents for dermatitis, excluding corticosteroids

▪ DUPILUMAB

Note Pharmaceutical benefits that have the form dupilumab injection 200 mg/1.14 mL, 2 x 1.14 mL syringes and pharmaceutical benefits that have the form dupilumab injection 200 mg/1.14 mL, 2 x 1.14 mL pen devices are equivalent for the purposes of substitution.

Note Instructions on the use of the Eczema Area and Severity Index and copyright details can be found here: https://www.dupixent.co.uk/-/media/EMS/Conditions/Dermatology/Brands/Dupixent-UK/global/1051-EASI-Leaflet-v6-webready.pdf

Note Instructions on the use of the Dermatology Life Quality Index and copyright details can be found here: https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment of the whole body

Clinical criteria:

- Patient must have a Physicians Global Assessment (PGA) (5-point scale) baseline score of at least 4 as evidence of severe disease despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an Eczema Area and Severity Index (EASI) baseline score of at least 20 despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be at least 12 years of age.

State each of the qualifying (i) PGA, (ii) EASI and (iii) DLQI scores in the authority application.

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

The EASI and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled in the patient's medical records.

Note Instructions on the use of the Physician's Global Assessment (5-point scale) can be obtained from Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

---

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment of the whole body

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this biological medicine for the treatment of chronic severe atopic dermatitis affecting the whole body, **AND**
- Patient must have achieved an adequate response within the first 16 weeks of treatment; OR
- Patient must have maintained an adequate response to their most recent course of PBS-subsidised treatment with this biological medicine for this PBS indication if this is the second or subsequent Continuing treatment authority application; OR
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

For the purposes of this restriction, an adequate response to treatment is defined as:

(a) An improvement/maintenance in the Eczema Area and Severity Index (EASI) score of at least 50% compared to baseline; and

(b) An improvement/maintenance in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

State each of the current EASI and DLQI scores for this authority application.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment of the face and/or hands

Clinical criteria:

- The condition must have at least 2 of the following Eczema Area and Severity Index (EASI) symptom sub-scores for erythema, oedema/papulation, excoriation, lichenification rated as severe despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; OR
- The condition must have affected at least 30% of the face/hands surface area despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be at least 12 years of age.

State each of the 4 Eczema Area and Severity Index (EASI) symptom sub-score ratings (0 = none, 1 = mild, 2 = moderate, 3 = severe) for:

(i) erythema,

(ii) oedema/papulation,

(iii) excoriation,

(iv) lichenification

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

State the percentage face/hand surface area affected by the condition (must be at least 30%) where EASI symptom sub-scores are not provided. This percentage surface area can also be stated in addition to the EASI symptom sub-scores.

The EASI/percentage surface area and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled are in the patient's medical records.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment of the face and/or hands

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this biological medicine for the treatment of chronic severe atopic dermatitis affecting the face/hands, **AND**
- Patient must have achieved an adequate response within the first 16 weeks of treatment; OR
- Patient must have maintained an adequate response to their most recent course of PBS-subsidised treatment with this biological medicine for this PBS indication if this is the second or subsequent Continuing treatment authority application; OR
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

For the purposes of this restriction, an adequate response to treatment of the face/hands is defined as:

(a) (i) A rating of either mild (1) to none (0) on at least 3 of the assessments of erythema, oedema/papulation, excoriation and lichenification mentioned in the Eczema Area and Severity Index (EASI); or

(ii) At least a 75% reduction in the skin area affected by this condition compared to baseline; and

(b) An improvement in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

Document each qualifying response measure in the patient's medical records for PBS compliance auditing purposes

dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes

12291X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1757.67	25.00	[a] Dupixent [SW]

dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL pen devices

15035H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1757.67	25.00	[a] Dupixent [SW]

▪ DUPILUMAB

Note Pharmaceutical benefits that have the form dupilumab injection 300 mg/2 mL, 2 x 2 mL syringes and pharmaceutical benefits that have the form dupilumab injection 300 mg/2 mL, 2 x 2 mL pen devices are equivalent for the purposes of substitution.

Note Instructions on the use of the Eczema Area and Severity Index and copyright details can be found here: https://www.dupixent.co.uk/-/media/EMS/Conditions/Dermatology/Brands/Dupixent-UK/global/1051-EASI-Leaflet-v6-webready.pdf

Note Instructions on the use of the Dermatology Life Quality Index and copyright details can be found here: https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment of the whole body

Clinical criteria:

- Patient must have a Physicians Global Assessment (PGA) (5-point scale) baseline score of at least 4 as evidence of severe disease despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an Eczema Area and Severity Index (EASI) baseline score of at least 20 despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be at least 12 years of age.

State each of the qualifying (i) PGA, (ii) EASI and (iii) DLQI scores in the authority application.

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

The EASI and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled in the patient's medical records.

Note Instructions on the use of the Physician's Global Assessment (5-point scale) can be obtained from Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment of the whole body

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this biological medicine for the treatment of chronic severe atopic dermatitis affecting the whole body, **AND**
- Patient must have achieved an adequate response within the first 16 weeks of treatment; OR
- Patient must have maintained an adequate response to their most recent course of PBS-subsidised treatment with this biological medicine for this PBS indication if this is the second or subsequent Continuing treatment authority application; OR
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

For the purposes of this restriction, an adequate response to treatment is defined as:

(a) An improvement/maintenance in the Eczema Area and Severity Index (EASI) score of at least 50% compared to baseline; and

(b) An improvement/maintenance in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

State each of the current EASI and DLQI scores for this authority application.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment of the face and/or hands

Clinical criteria:

- The condition must have at least 2 of the following Eczema Area and Severity Index (EASI) symptom sub-scores for erythema, oedema/papulation, excoriation, lichenification rated as severe despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; OR
- The condition must have affected at least 30% of the face/hands surface area despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be at least 12 years of age.

State each of the 4 Eczema Area and Severity Index (EASI) symptom sub-score ratings (0 = none, 1 = mild, 2 = moderate, 3 = severe) for:

(i) erythema,

(ii) oedema/papulation,

(iii) excoriation,

(iv) lichenification

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

State the percentage face/hand surface area affected by the condition (must be at least 30%) where EASI symptom sub-scores are not provided. This percentage surface area can also be stated in addition to the EASI symptom sub-scores.

The EASI/percentage surface area and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled are in the patient's medical records.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment of the face and/or hands

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this biological medicine for the treatment of chronic severe atopic dermatitis affecting the face/hands, **AND**
- Patient must have achieved an adequate response within the first 16 weeks of treatment; OR
- Patient must have maintained an adequate response to their most recent course of PBS-subsidised treatment with this biological medicine for this PBS indication if this is the second or subsequent Continuing treatment authority application; OR
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

For the purposes of this restriction, an adequate response to treatment of the face/hands is defined as:

(a) (i) A rating of either mild (1) to none (0) on at least 3 of the assessments of erythema, oedema/papulation, excoriation and lichenification mentioned in the Eczema Area and Severity Index (EASI); or

(ii) At least a 75% reduction in the skin area affected by this condition compared to baseline; and

(b) An improvement in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

Document each qualifying response measure in the patient's medical records for PBS compliance auditing purposes

dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12292Y	1	5	..	1757.67	25.00	[a] Dupixent [SW]

dupilumab 300 mg/2 mL injection, 2 x 2 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14979J	1	5	..	1757.67	25.00	[a] Dupixent [SW]

▪ PIMECROLIMUS

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

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

Authority required (STREAMLINED)

5482

Atopic dermatitis

Population criteria:

- Patient must be at least 3 months of age.

Clinical criteria:

- The condition must be on the patient's face; OR
- The condition must be on the patient's eyelid, **AND**
- Patient must have 1 or more of the following contraindications to topical corticosteroids: (i) perioral dermatitis; (ii) periorbital dermatitis; (iii) rosacea; (iv) epidermal atrophy; (v) dermal atrophy; (vi) allergy to topical corticosteroids; (vii) cataracts; (viii) glaucoma; (ix) raised intraocular pressure, **AND**
- Patient must not receive more than two 15 g packs of PBS-subsidised pimecrolimus per 6-month period.

Authority required (STREAMLINED)

5472

Atopic dermatitis

Treatment Phase: Short-term (up to 3 weeks) intermittent treatment

Population criteria:

- Patient must be at least 3 months of age.

Clinical criteria:

- The condition must be on the patient's face; OR
- The condition must be on the patient's eyelid, **AND**
- Patient must have failed to achieve satisfactory disease control with intermittent topical corticosteroid therapy, **AND**
- The condition must have been initially diagnosed more than three months prior to this treatment, **AND**
- Patient must not receive more than two 15 g packs of PBS-subsidised pimecrolimus per 6-month period.

Failure to achieve satisfactory disease control with intermittent topical corticosteroid therapy is manifest by:

(i) failure of the facial skin to clear despite at least 2 weeks of topical hydrocortisone 1% applied every day; or

(ii) failure of the facial skin to clear despite at least 1 week of a moderate or potent topical corticosteroid applied every day; or

(iii) clearing of the facial skin with at least 2 weeks of topical hydrocortisone 1% applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions; or

(iv) clearing of the facial skin with at least 1 week of a moderate or potent topical corticosteroid applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions

pimecrolimus 1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8802G NP	‡1	1	..	34.31	25.00	Elidel [GO]

Other dermatologicals

▪ DAPSONE

dapsone 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1272Y NP	1	1	..	390.28	25.00	[a] DAPSOMED [DZ]	[a] Link Medical Products Pty Ltd [LM]

dapsone 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8801F NP	1	1	..	319.77	25.00	Link Medical Products Pty Ltd [LM]

Dapsone 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15168H NP	1	1	..	319.77	25.00	DAPSOMED [DZ]

▪ IMIQUIMOD

Note The patient or carer must be able to understand and administer the imiquimod dosing regimen.
Note Treatment of recurrent (previously treated) lesions will not be authorised.
Note Pharmaceutical benefits that have the form imiquimod single use sachets and pharmaceutical benefits that have the form imiquimod multi-use pump are equivalent for the purposes of substitution.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required
Superficial basal cell carcinoma
Clinical criteria:

- The condition must be previously untreated, **AND**
- The condition must be confirmed by biopsy, **AND**
- Patient must have normal immune function, **AND**
- The condition must not be suitable for treatment with surgical excision; OR
- The condition must not be suitable for treatment with cryotherapy; OR
- The condition must not be suitable for treatment with curettage with diathermy, **AND**
- Patient must require topical drug therapy.

The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.

imiquimod 5% cream, 12 x 250 mg sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2546B NP	1	1	..	87.63	25.00	[a] APO-Imiquimod [TX]
			[B]3.20	90.83	25.00	[a] Aldara [IL]

imiquimod 5% cream, 2 x 2 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2637T NP	1	1	[B]8.09	95.72	25.00	[a] Aldara Pump [IL]

▪ GENITO URINARY SYSTEM AND SEX HORMONES

▪ OTHER GYNECOLOGICALS

CONTRACEPTIVES FOR TOPICAL USE

Intrauterine contraceptives

▪ LEVONORGESTREL

Restricted benefit
Contraception

levonorgestrel 52 mg intrauterine drug delivery system, 1 system

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14705Y NP MW	1	..	..	187.14	25.00	Mirena [BN]

levonorgestrel 19.5 mg intrauterine drug delivery system, 1 system

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11909T NP MW	1	..	..	167.79	25.00	Kyleena [SY]

▪ LEVONORGESTREL

Restricted benefit
Idiopathic menorrhagia
Clinical criteria:

- The treatment must be in a patient where oral treatments are ineffective.

Restricted benefit
Idiopathic menorrhagia
Clinical criteria:

- The treatment must be in a patient where oral treatments are contraindicated.

levonorgestrel 52 mg intrauterine drug delivery system, 1 system

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8633J NP	1	..	..	187.14	25.00	Mirena [BN]

Intravaginal contraceptives

▪ ETONOGESTREL + ETHINYLESTRADIOL

etonogestrel 120 microgram/24 hours + ethinylestradiol 15 microgram/24 hours vaginal drug delivery system, 3 rings

15074J (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	61.76	25.00	NuvaRing [OQ]

OTHER GYNECOLOGICALS

Prolactine inhibitors

▪ BROMOCRIPTINE

Restricted benefit

Prevention of the onset of lactation

Clinical criteria:

- The treatment must occur in the puerperium, **AND**
- The treatment must be for medical reasons.

bromocriptine 2.5 mg tablet, 30

1444B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.71	25.00	Parlodel [SZ]

▪ BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Acromegaly

Restricted benefit

Parkinson disease

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

bromocriptine 2.5 mg tablet, 30

1443Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*33.06	25.00	Parlodel [SZ]

▪ BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Acromegaly

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom surgery is not indicated.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had radiotherapy for this condition with incomplete resolution.

bromocriptine 2.5 mg tablet, 30

13979R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*51.76	25.00	Parlodel [SZ]

▪ CABERGOLINE

Restricted benefit
Prevention of the onset of lactation
Clinical criteria:
- The treatment must occur in the puerperium, **AND**
- The treatment must be for medical reasons.

cabergoline 500 microgram tablet, 2

8115D

NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.85	25.00	Dostinex [PF]

▪ CABERGOLINE

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- Patient must be one in whom surgery is not indicated.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- Patient must have had radiotherapy for this condition with incomplete resolution.

cabergoline 500 microgram tablet, 8

8114C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	52.33	25.00	[a] Dostamine [NB]	[a] Dostinex [PF]

▪ CABERGOLINE

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom surgery is not indicated.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**

- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had radiotherapy for this condition with incomplete resolution.

cabergoline 500 microgram tablet, 8

13901P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*90.30	25.00	[a] Dostamine [NB]	[a] Dostinex [PF]

SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

HORMONAL CONTRACEPTIVES FOR SYSTEMIC USE

Progestogens and estrogens, fixed combinations

DROSPIRENONE + ETHINYLESTRADIOL

drospirenone 3 mg + ethinylestradiol 30 microgram tablet [21] (&) inert substance tablet [7], 28

14711G NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	3	..	*61.77	25.00	[a] Brooklynn [HJ]	[a] Isabelle [GQ]
					[a] Mila [NB]	[a] Rosalee [SZ]
					[a] Yasmin [XW]	[a] Yelena [XT]

drospirenone 3 mg + ethinylestradiol 30 microgram tablet [21] (&) inert substance tablet [7], 3 x 28

14725B NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	61.76	25.00	[a] Brooklynn [HJ]	[a] Isabelle [GQ]
					[a] Mila [NB]	[a] Rosalee [SZ]
					[a] Yasmin [XW]	[a] Yelena [XT]

DROSPIRENONE + ETHINYLESTRADIOL

Note Pharmaceutical benefits that have the form drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 3 x 28 are equivalent for the purposes of substitution.

drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 3 x 28

14709E NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	61.76	25.00	[a] Yaz [XW]

drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 3 x 28

14941J NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	61.76	25.00	[a] Bella [GQ]	[a] Brooke [HJ]
					[a] Rosie [SZ]	[a] YANA [XT]

DROSPIRENONE + ETHINYLESTRADIOL

Note Pharmaceutical benefits that have the form drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 28 are equivalent for the purposes of substitution.

drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 28

14710F NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*61.77	25.00	[a] Yaz [XW]

drospirenone 3 mg + ethinylestradiol 20 microgram tablet [24] (&) inert substance tablet [4], 28

14954C NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	3	..	*61.77	25.00	[a] Bella [GQ]	[a] Brooke [HJ]
					[a] Rosie [SZ]	[a] YANA [XT]

ESTETROL + DROSPIRENONE

estetrol 14.2 mg + drospirenone 3 mg tablet [24] (&) inert substance tablet [4], 3 x 28

15054H NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	61.76	25.00	Nextstellis [YN]

▪ LEVONORGESTREL + ETHINYLESTRADIOL

levonorgestrel 125 microgram + ethinylestradiol 50 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

1456P NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	23.93	25.00	Microgynon 50 ED [XW]

levonorgestrel 150 microgram + ethinylestradiol 30 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

1394J NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	18.60	20.14	[a] Eleanor 150/30 ED [XT]	[a] Evelyn 150/30 ED [GQ]
					[a] Femme-Tab ED 30/150 [AE]	[a] Lenest 30 ED [AF]
					[a] LEVETH 150/30 ED [WG]	[a] Micronelle 30 ED [TX]
		[B]5.53	24.13	20.14	[a] Levlen ED [XW]	

levonorgestrel 100 microgram + ethinylestradiol 20 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

2416E NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	20.28	21.82	Femme-Tab ED 20/100 [AE]

▪ NORETHISTERONE + ETHINYLESTRADIOL

norethisterone 500 microgram + ethinylestradiol 35 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

2774B NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	25.37	25.00	Norimin 28 Day [FZ]

▪ NORETHISTERONE + ETHINYLESTRADIOL

Note Pharmaceutical benefits that have the form norethisterone 1 mg + ethinylestradiol 35 microgram tablet in a 4 pack of 28 tablets can be substituted for a 3 pack of 28 tablets in the case of a shortage.

norethisterone 1 mg + ethinylestradiol 35 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

2775C NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	25.37	25.00	Norimin-1 28 Day [FZ]

Progestogens and estrogens, sequential preparations

▪ LEVONORGESTREL + ETHINYLESTRADIOL

levonorgestrel 50 microgram + ethinylestradiol 30 microgram tablet [6] (&) levonorgestrel 75 microgram + ethinylestradiol 40 microgram tablet [5] (&) levonorgestrel 125 microgram + ethinylestradiol 30 microgram tablet [10] (&) inert substance tablet [7], 4 x 28

1392G NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	21.85	23.39	Trifeme 28 [FZ]
					[a] Logynon ED [SY]
		[B]13.15	35.00	23.39	[a] Triquilar ED [BN]

Progestogens

▪ DROSPIRENONE

Note Pharmaceutical benefits that have the form drospirenone 4 mg tablet [24] (&) inert substance tablet [4], 4 x 28 and pharmaceutical benefits that have the form drospirenone 4 mg tablet [24] (&) inert substance tablet [4], 28 are equivalent for the purposes of substitution when the maximum quantity of 4 x 28 tablets is dispensed.

drospirenone 4 mg tablet [24] (&) inert substance tablet [4], 4 x 28

14791L NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	77.57	25.00	[a] Lucinda [GQ]	[a] Slinda [HB]

drospirenone 4 mg tablet [24] (&) inert substance tablet [4], 28

14875X NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡4	2	..	*77.56	25.00	[a] Lucinda [GQ]	[a] Slinda [HB]

▪ ETONOGESTREL

etonogestrel 68 mg implant, 1

8487Q NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	167.79	25.00	Implanon NXT [OQ]

▪ LEVONORGESTREL

levonorgestrel 30 microgram tablet, 112 tablets [4 x 28]

2913H NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	21.83	23.37	Microlut 28 [XW]

▪ MEDROXYPROGESTERONE

medroxyprogesterone acetate 150 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14160G NP MW	1	1	..	28.07	25.00	Depo-Provera [PF]

▪ NORETHISTERONE

norethisterone 350 microgram tablet, 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1967M NP MW	1	2	..	25.37	25.00	Noriday 28 Day [PF]

ANDROGENS

3-oxoandrosten (4) derivatives

▪ TESTOSTERONE

Authority required

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority required

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

testosterone 2% (23 mg/actuation) gel, 56 actuations

11740X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	83.19	25.00	Testavan [IX]

testosterone 1% (50 mg/5 g) gel, 30 x 5 g sachets

8830R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	77.90	25.00	Testogel [HB]

testosterone 1% (12.5 mg/actuation) gel, 2 x 60 actuations

10380H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	4	..	77.90	25.00	Testogel [HB]

▪ TESTOSTERONE

Authority required

Androgen deficiency

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority required

Micropenis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Constitutional delay of growth or puberty

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

testosterone 2% (23 mg/actuation) gel, 56 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14025E NP	‡2	5	..	*153.90	25.00	Testavan [IX]

testosterone 1% (50 mg/5 g) gel, 30 x 5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13983Y NP	‡2	5	..	*142.80	25.00	Testogel [HB]

testosterone 1% (12.5 mg/actuation) gel, 2 x 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13924W NP	‡2	4	..	*142.80	25.00	Testogel [HB]

▪ TESTOSTERONE

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

Authority required

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority required

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority required

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

testosterone 5% (50 mg/mL) cream, 50 mL

10378F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	105.62	25.00	AndroForte 5 [LX]

▪ TESTOSTERONE

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

Authority required

Androgen deficiency

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR
(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).
Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.
The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.
The name of the specialist must be included in the authority application.

Authority required

Micropenis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

Authority required

Constitutional delay of growth or puberty

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum, where possible.

The name of the specialist must be included in the authority application.

testosterone 5% (50 mg/mL) cream, 50 mL

14563L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	1	..	*201.00	25.00	AndroForte 5 [LX]

NP

▪ TESTOSTERONE UNDECANOATE

Authority required

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**

- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority required

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

testosterone undecanoate 1 g/4 mL modified release injection, 4 mL vial

10205D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	92.91	25.00	[a] Gonadron [RA] [a] REJUNON 1000 [JU]	[a] Reandron 1000 [AS] [a] Testosterone ADVZ 1000 [BZ]

ESTROGENS

Natural and semisynthetic estrogens, plain

▪ ESTRADIOL

estradiol 2 mg tablet, 56

8274L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	20.38	21.92	Zumenon [XT]

estradiol 10 microgram modified release pessary, 18

10203B

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	30.42	25.00	[a] Estro-Pess [AS]	[a] Vagifem Low [NO]

estradiol valerate 1 mg tablet, 56

1663M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	17.51	19.05	Progynova [GH]

estradiol valerate 2 mg tablet, 56

1664N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	18.74	20.28	Progynova [GH]

▪ ESTRADIOL

Note Estradiol should be used in conjunction with progestogen in women with an intact uterus.

estradiol 75 microgram/24 hours patch, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14652E NP	‡1	1	..	67.08	25.00	Estramon (Germany, Sandoz) [SZ]

estradiol 100 microgram/24 hours patch, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14715L NP	‡1	1	..	65.05	25.00	Estramon (Germany, Sandoz) [SZ]

estradiol 50 microgram/24 hours patch, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14660N NP	‡1	1	..	62.86	25.00	Estramon (Germany, Sandoz) [SZ]

estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8286D NP	‡1	5	..	26.17	25.00	Sandrena [OX]

estradiol 25 microgram/24 hours patch, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14691F NP	‡1	1	..	65.33	25.00	Estramon (Germany, Sandoz) [SZ]

estradiol 0.06% (750 microgram/actuation) gel, 64 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14719Q NP	‡1	5	..	36.43	25.00	Estrogel [HB]

estradiol 37.5 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8762E NP	‡1	5	..	30.67	25.00	Estradot 37.5 [SZ]

estradiol 75 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8764G NP	‡1	5	..	31.93	25.00	Estradot 75 [SZ]

estradiol 100 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8312L NP	‡1	5	..	27.32	25.00	Estraderm MX 100 [JU]

estradiol 100 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8765H NP	‡1	5	..	31.26	25.00	Estradot 100 [SZ]

estradiol 0.1% (1 mg/g) gel, 28 x 500 mg sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14653F NP	1	5	..	22.62	24.16	Sandrena [OX]

estradiol 50 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8140K NP	‡1	5	..	25.54	25.00	Estraderm MX 50 [JU]

estradiol 50 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8763F NP	‡1	5	..	30.53	25.00	Estradot 50 [SZ]

estradiol 25 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8311K NP	‡1	5	..	25.54	25.00	Estraderm MX 25 [JU]

estradiol 25 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8761D NP	‡1	5	..	31.35	25.00	Estradot 25 [SZ]

▪ ESTRADIOL

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

estradiol 2 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13931F NP	2	2	..	*26.40	25.00	Zumenon [XT]

estradiol 10 microgram modified release pessary, 18

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13978Q NP	2	2	..	*46.48	25.00	[a] Estro-Pess [AS]	[a] Vagifem Low [NO]

estradiol valerate 1 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13872D NP	2	2	..	*20.66	22.20	Progynova [GH]

estradiol valerate 2 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13980T NP	2	2	..	*23.12	24.66	Progynova [GH]

▪ ESTRADIOL

Note Estradiol should be used in conjunction with progestogen in women with an intact uterus.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14026F NP	‡2	5	..	*37.98	25.00	Sandrena [OX]

estradiol 0.06% (750 microgram/actuation) gel, 64 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14741W NP	2	5	..	*58.50	25.00	Estrogel [HB]

estradiol 0.1% (1 mg/g) gel, 28 x 500 mg sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14642P NP	2	5	..	*30.88	25.00	Sandrena [OX]

▪ ESTRIOL

estriol 500 microgram pessary, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1771F NP	‡1	2	..	26.78	25.00	Ovestin Ovula [AS]

estriol 0.1% (1 mg/g) cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1781R NP	‡1	1	..	25.34	25.00	Ovestin [AS]

▪ ESTRIOL

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

estriol 500 microgram pessary, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14059Y NP	‡2	2	..	*39.20	25.00	Ovestin Ovula [AS]

estriol 0.1% (1 mg/g) cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13926Y NP	‡2	1	..	*36.32	25.00	Ovestin [AS]

PROGESTOGENS

Pregnen (4) derivatives

▪ MEDROXYPROGESTERONE

medroxyprogesterone acetate 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2321E NP	1	2	..	21.02	22.56	[a] Ralovera [FZ]
			[B]6.50	27.52	22.56	[a] Provera [PF]

medroxyprogesterone acetate 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2323G NP	1	2	..	19.70	21.24	[a] Ralovera [FZ]
			[B]4.42	24.12	21.24	[a] Provera [PF]

▪ MEDROXYPROGESTERONE

Restricted benefit

Endometriosis

medroxyprogesterone acetate 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2722G NP	1	2	..	36.58	25.00	[a] Ralovera [FZ]
			[B]6.49	43.07	25.00	[a] Provera [PF]

▪ MEDROXYPROGESTERONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

medroxyprogesterone acetate 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13849X NP	2	2	..	*27.68	25.00	[a] Ralovera [FZ]
			[B]13.00	*40.68	25.00	[a] Provera [PF]

medroxyprogesterone acetate 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13956M NP	2	2	..	*25.04	25.00	[a] Ralovera [FZ]
			[B]8.84	*33.88	25.00	[a] Provera [PF]

▪ MEDROXYPROGESTERONE

Restricted benefit

Endometriosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

medroxyprogesterone acetate 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13928C NP	2	2	..	*58.80	25.00	[a] Ralovera [FZ]
			[B]12.98	*71.78	25.00	[a] Provera [PF]

▪ PROGESTERONE

progesterone 100 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14730G NP	1	5	..	43.51	25.00	[a] Progesterone ADVZ 100 [BZ]	[a] Prometrium [XW]

▪ PROGESTERONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

progesterone 100 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14733K NP	2	5	..	*72.66	25.00	[a] Progesterone ADVZ 100 [BZ]	[a] Prometrium [XW]

▪ PROGESTERONE

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

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

Authority required (STREAMLINED)

11835

Prevention of preterm birth

Clinical criteria:

- Patient must have a singleton pregnancy, **AND**
- Patient must have at least one of: (i) short cervix (mid-trimester sonographic cervix no greater than 25 mm), (ii) a history of spontaneous preterm birth, **AND**
- The treatment must be administered no earlier than at 16 weeks gestation.

progesterone 200 mg pessary, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12598C NP MW	1	3	..	93.14	25.00	[a] Progesterone BNM 200 [BZ]	[a] Utrogestan [HB]

▪ PROGESTERONE

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

Authority required (STREAMLINED)
11673
Prevention of preterm birth
Clinical criteria:

- Patient must have a singleton pregnancy, **AND**
- Patient must have at least one of: (i) short cervix (mid-trimester sonographic cervix no greater than 25 mm), (ii) a history of spontaneous preterm birth, **AND**
- The treatment must be administered no earlier than at 16 weeks gestation.

progesterone 200 mg pessary, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12465C NP MW	3	3	..	*125.67	25.00	Oripro [ON]

Pregnadien derivatives

▪ DIENOGEST

Authority required (STREAMLINED)
16222
Endometriosis

dienogest 2 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14667Y NP	1	5	..	57.28	25.00	[a] Dinasane [XT]	[a] Visanne [BN]

Estren derivatives

▪ NORETHISTERONE

norethisterone 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2993M NP	1	2	..	35.91	25.00	Primolut N [BN]

▪ NORETHISTERONE

Restricted benefit
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

norethisterone 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13873E NP	2	2	..	*57.46	25.00	Primolut N [BN]

PROGESTOGENS AND ESTROGENS IN COMBINATION

Progestogens and estrogens, fixed combinations

▪ ESTRADIOL + NORETHISTERONE ACETATE

estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8428N NP	‡1	5	..	34.99	25.00	Estalis continuous 50/250 [SZ]

estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8427M NP	‡1	5	..	36.69	25.00	Estalis continuous 50/140 [SZ]

▪ ESTRADIOL + NORETHISTERONE ACETATE

Restricted benefit
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14336M NP	‡2	5	..	*55.62	25.00	Estalis continuous 50/250 [SZ]

estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13902Q NP	‡2	5	..	*59.02	25.00	Estalis continuous 50/140 [SZ]

▪ PROGESTERONE (&) ESTRADIOL

progesterone 100 mg capsule [30] (&) estradiol 0.06% (750 microgram/actuation) gel [64 actuations], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14721T NP	‡1	5	..	58.26	25.00	Estrogel Pro [HB]

▪ PROGESTERONE (&) ESTRADIOL

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

progesterone 100 mg capsule [30] (&) estradiol 0.06% (750 microgram/actuation) gel [64 actuations], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14720R NP	2	5	..	*102.16	25.00	Estrogel Pro [HB]

Progestogens and estrogens, sequential preparations

▪ ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE

estradiol 2 mg tablet [14] (&) estradiol 2 mg + dydrogesterone 10 mg tablet [14], 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8244X NP	‡1	5	..	24.77	25.00	Femoston 2/10 [XT]

estradiol 1 mg tablet [14] (&) estradiol 1 mg + dydrogesterone 10 mg tablet [14], 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10146B NP	‡1	5	..	24.77	25.00	Femoston 1/10 [XT]

▪ ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

estradiol 2 mg tablet [14] (&) estradiol 2 mg + dydrogesterone 10 mg tablet [14], 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13930E NP	‡2	5	..	*35.18	25.00	Femoston 2/10 [XT]

estradiol 1 mg tablet [14] (&) estradiol 1 mg + dydrogesterone 10 mg tablet [14], 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14024D NP	‡2	5	..	*35.18	25.00	Femoston 1/10 [XT]

▪ ESTRADIOL (&) ESTRADIOL + NORETHISTERONE ACETATE

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch [4], 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8425K NP	‡1	5	..	44.91	25.00	Estalis sequi 50/140 [SZ]

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch [4], 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8426L NP	‡1	5	..	43.29	25.00	Estalis sequi 50/250 [SZ]

▪ ESTRADIOL (&) ESTRADIOL + NORETHISTERONE ACETATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch [4], 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13932G NP	‡2	5	..	*75.46	25.00	Estalis sequi 50/140 [SZ]

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch [4], 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13981W NP	‡2	5	..	*72.22	25.00	Estalis sequi 50/250 [SZ]

GONADOTROPINS AND OTHER OVULATION STIMULANTS

Gonadotropins

▪ CHORIOGONADOTROPIN ALFA

Note Pharmaceutical benefits that have the form choriogonadotropin alfa solution for injection 250 micrograms in 0.5 mL pre-filled syringe (Ovidrel USA) can be substituted for choriogonadotropin alfa solution for injection 250 micrograms in 0.5 mL pre-filled pen in the case of a shortage.

Restricted benefit

Infertility indications other than that of Assisted Reproductive Technology

Treatment criteria:

- Patient must not be undergoing treatment with medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule, **AND**
- Patient must not be undergoing simultaneous treatment with this drug through another PBS program listing, **AND**
- Must be treated by an obstetrician/gynaecologist; OR
- Must be treated by a specialist in reproductive endocrinology/infertility; OR
- Must be treated by a urogynaecologist; OR
- Must be treated by an endocrinologist; OR
- Must be treated by a urologist.

The PBS prescription, whether it is to initiate or continue treatment, must be made out under the specialist's prescriber number.

choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL pen device

13300B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*296.68	25.00	[a] Ovidrel [SG]

choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL syringe

14640M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*503.48	25.00	[a] Ovidrel (USA) [SG]

▪ FOLLITROPIN ALFA

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form follitropin alfa cartridge (Ovaleap) and pharmaceutical benefits that have the form follitropin alfa single pen device (Gonal-f Pen), in the same corresponding strength, are equivalent for the purposes of substitution.

Where the Ovaleap brand is supplied, the separate pen device is to be supplied to the patient where required as it is not packaged with the cartridges. The pen device for the Ovaleap brand can be obtained by contacting the pharmaceutical wholesaler, or, the sponsor directly.

Restricted benefit

Anovulatory infertility

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Restricted benefit

Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism, **AND**
- The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis, **AND**
- The treatment must be administered with human chorionic gonadotrophin.

follitropin alfa 300 units (22 microgram)/0.5 mL injection, 0.5 mL cartridge

12769C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*293.31	25.00	[a] Ovaleap [TT]

follitropin alfa 450 units (33 microgram)/0.75 mL injection, 0.75 mL cartridge

12808D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*435.24	25.00	[a] Ovaleap [TT]

follitropin alfa 225 units (16.5 microgram)/0.375 mL injection, 5 x 0.375 mL pen devices

10876K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	1	..	*1020.87	25.00	Bemfola [FX]

follitropin alfa 900 units (66 microgram)/1.5 mL injection, 1.5 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12778M	2	5	..	*726.64	25.00	[a] Ovaleap [TT]

follitropin alfa 75 units (5.5 microgram)/0.125 mL injection, 5 x 0.125 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10865W	3	1	..	*346.50	25.00	Bemfola [FX]

follitropin alfa 150 units (11 microgram)/0.25 mL injection, 5 x 0.25 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10877L	3	1	..	*683.70	25.00	Bemfola [FX]

follitropin alfa 300 units (21.84 microgram)/0.48 mL injection, 0.48 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8713N	3	5	..	*293.31	25.00	[a] Gonal-f Pen [SG]

follitropin alfa 450 units (32.76 microgram)/0.72 mL injection, 0.72 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8714P	3	5	..	*435.24	25.00	[a] Gonal-f Pen [SG]

follitropin alfa 900 units (65.52 microgram)/1.44 mL injection, 1.44 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8715Q	2	5	..	*726.64	25.00	[a] Gonal-f Pen [SG]

▪ FOLLITROPIN BETA

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

Anovulatory infertility

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Restricted benefit

Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism, **AND**
- The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis, **AND**
- The treatment must be administered with human chorionic gonadotrophin.

follitropin beta 300 units/0.36 mL injection, 0.36 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8565T	3	5	..	*309.60	25.00	Puregon 300 IU/0.36 mL [OQ]

follitropin beta 600 units/0.72 mL injection, 0.72 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8566W	2	5	..	*399.94	25.00	Puregon 600 IU/0.72 mL [OQ]

follitropin beta 900 units/1.08 mL injection, 1.08 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8871X	2	5	..	*589.98	25.00	Puregon 900 IU/1.08 mL [OQ]

▪ HUMAN CHORIONIC GONADOTROPHIN

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

Anovulatory infertility

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Restricted benefit

Infertility

Population criteria:

- Patient must be male.

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism.

Restricted benefit

Infertility

Population criteria:

- Patient must be male.

Clinical criteria:

- The condition must be associated with isolated luteinising hormone deficiency.

Restricted benefit

Combined deficiency of human growth hormone and gonadotrophins

Population criteria:

- Patient must be male.

Clinical criteria:

- Patient must be one in whom the absence of secondary sexual characteristics indicates a lag in maturation.

Restricted benefit

Hypogonadism or delayed puberty

Population criteria:

- Patient must be male, **AND**
- Patient must be aged 16 years or older.

Clinical criteria:

- Patient must show clinical evidence of the condition, **AND**
- The treatment must not extend beyond 6 months.

human chorionic gonadotrophin 1500 units injection [3 vials] (&) inert substance diluent [3 x 1 mL vials], 1 pack

12905F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	162.60	25.00	Brevactid 1500 I.E [DZ]

Ovulation stimulants, synthetic

▪ CLOMIFENE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Restricted benefit

Anovulatory infertility

Restricted benefit

Patients undergoing in-vitro fertilisation

clomifene citrate 50 mg tablet, 10

1211R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	35.38	25.00	Clomid [VJ]

ANTIANDROGENS

Antiandrogens, plain

▪ CYPROTERONE

cyproterone acetate 100 mg tablet, 50

8019C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	60.74	25.00	[a] ANTERONE 100 [RW]	[a] Cyproterone Sandoz [HX]
		[B]1.17	61.91	25.00	[a] Androcur-100 [GH]	

cyproterone acetate 50 mg tablet, 50

1270W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*73.92	25.00	[a] Androcur [GH] [a] Cyproterone Sandoz [HX]	[a] ANTERONE 50 [RW]

▪ CYPROTERONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

cyproterone acetate 100 mg tablet, 50

14022B

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*107.12	25.00	[a] ANTERONE 100 [RW]	[a] Cyproterone Sandoz [HX]
		[B]2.34	*109.46	25.00	[a] Androcur-100 [GH]	

cyproterone acetate 50 mg tablet, 50

14023C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*134.44	25.00	[a] Androcur [GH] [a] Cyproterone Sandoz [HX]	[a] ANTERONE 50 [RW]

▪ CYPROTERONE

Caution This drug should not be used during pregnancy as it may result in feminisation of the male foetus.

Authority required (STREAMLINED)

5532

Moderate to severe androgenisation

Clinical criteria:

- The condition must not be indicated by acne alone, as this is not a sufficient indication of androgenisation.

Population criteria:

- Patient must be female.

Clinical criteria:

- Patient must not be pregnant.

cyproterone acetate 50 mg tablet, 20

1269T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.27	25.00	[a] ANTERONE 50 [RW]	[a] Cyproterone Sandoz [HX]

NP

▪ CYPROTERONE

Caution This drug should not be used during pregnancy as it may result in feminisation of the male foetus.

Authority required (STREAMLINED)

14868

Moderate to severe androgenisation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be indicated by acne alone, as this is not a sufficient indication of androgenisation.

Population criteria:

- Patient must be female.

Clinical criteria:

- Patient must not be pregnant.

cyproterone acetate 50 mg tablet, 20

13925X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*38.18	25.00	[a] ANTERONE 50 [RW]	[a] Cyproterone Sandoz [HX]

NP

OTHER SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

Progesterone receptor modulators

▪ MIFEPRISTONE (&) MISOPROSTOL

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

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

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

Authority required (STREAMLINED)

14202

Termination of an intra-uterine pregnancy

Clinical criteria:

- The condition must be an intra-uterine pregnancy of up to 63 days of gestation.

mifepristone 200 mg tablet [1] (&) misoprostol 200 microgram tablet [4], 1 pack

10211K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	380.19	25.00	[a] ARZESTRA [LJ]	[a] MS-2 Step [XH]

NP MW

▪ UROLOGICALS

UROLOGICALS

Drugs for urinary frequency and incontinence

▪ OXYBUTYNIN

Restricted benefit

Detrusor overactivity

oxybutynin hydrochloride 5 mg tablet, 100

8039D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	22.93	24.47	Ditropan [SW]

NP

▪ OXYBUTYNIN

Restricted benefit

Detrusor overactivity

Clinical criteria:

- Patient must be unable to tolerate oral oxybutynin; OR
- Patient must be unable to swallow oral oxybutynin.

oxybutynin 3.9 mg/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9454N NP	‡1	5	..	39.90	25.00	Oxytrol [TT]

▪ OXYBUTYNIN

Restricted benefit

Detrusor overactivity

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

oxybutynin hydrochloride 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13957N NP	2	5	..	*31.50	25.00	Ditropan [SW]

▪ OXYBUTYNIN

Restricted benefit

Detrusor overactivity

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be unable to tolerate oral oxybutynin; OR
- Patient must be unable to swallow oral oxybutynin.

oxybutynin 3.9 mg/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13984B NP	‡2	5	..	*65.44	25.00	Oxytrol [TT]

▪ PROPANTHELINE

Restricted benefit

Detrusor overactivity

propantheline bromide 15 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1953T NP	2	5	..	*25.08	25.00	Pro-Banthine [RW]

▪ PROPANTHELINE

Restricted benefit

Detrusor overactivity

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

propantheline bromide 15 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13927B NP	4	5	..	*35.80	25.00	Pro-Banthine [RW]

Other urologicals

▪ BICARBONATE

sodium bicarbonate 840 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9470K NP	1	2	..	22.31	23.85	Sodibic [AS]

▪ BICARBONATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

sodium bicarbonate 840 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13933H NP	2	2	..	*30.26	25.00	Sodibic [AS]

▪ PHENOXYBENZAMINE

Restricted benefit

Phaeochromocytoma

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Restricted benefit

Neurogenic urinary retention

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

phenoxybenzamine hydrochloride 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1166J NP	3	5	..	*659.16	25.00	Amdipharm Mercury (Australia) Pty Limited [GH]

phenoxybenzamine hydrochloride 10 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1862B NP	1	5	..	731.38	25.00	Dibenyline [GH]

DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY

Alpha-adrenoreceptor antagonists

▪ DUTASTERIDE + TAMSULOSIN

Authority required (STREAMLINED)

6189

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5490Y NP	1	5	..	31.73	25.00	[a] Doubluts [GC]	[a] Dutasteride/Tamsulosin Lupin 500/400 [GQ]
						[a] Dutasteride/Tamsulosin Sandoz 500/400 [SZ]	[a] Dutasteride/Tamsulosin Viatris 500/400 [AF]
						[a] DUTASTERIDE/TAMSULOSIN-WGR [WG]	[a] DUTATAM 500/400 [TN]
			[B]3.39	35.12	25.00	[a] Duodart 500ug/400ug [GK]	

▪ DUTASTERIDE + TAMSULOSIN

Authority required (STREAMLINED)

15004

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13929D NP	2	5	..	*49.10	25.00	[a] Doubluts [GC]	[a] Dutasteride/Tamsulosin Lupin 500/400 [GQ]
						[a] Dutasteride/Tamsulosin Sandoz 500/400 [SZ]	[a] Dutasteride/Tamsulosin Viatris 500/400 [AF]
						[a] DUTASTERIDE/TAMSULOSIN-WGR [WG]	[a] DUTATAM 500/400 [TN]
			[B]6.78	*55.88	25.00	[a] Duodart 500ug/400ug [GK]	

Testosterone-5-alpha reductase inhibitors

▪ DUTASTERIDE

Authority required (STREAMLINED)

6202

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia, **AND**
- The treatment must be in combination with an alpha-antagonist.

dutasteride 500 microgram capsule, 30

5468T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	30.23	25.00	[a] APO-Dutasteride [TX]	[a] Dutacor [CR]
		[B]6.79	37.02	25.00	[a] Avodart [GK]	

▪ DUTASTERIDE

Authority required (STREAMLINED)

15018

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia, **AND**
- The treatment must be in combination with an alpha-antagonist.

dutasteride 500 microgram capsule, 30

13900N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*46.10	25.00	[a] APO-Dutasteride [TX]	[a] Dutacor [CR]
		[B]13.58	*59.68	25.00	[a] Avodart [GK]	

▪ SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

▪ PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

ANTERIOR PITUITARY LOBE HORMONES AND ANALOGUES

ACTH

▪ TETRACOSACTIDE

Restricted benefit

Hypsarrhythmia and/or infantile spasms

tetracosactide 1 mg/mL modified release injection, 1 mL ampoule

2832C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	5	..	*300.69	25.00	Synacthen Depot 1 mg/1 mL [IX]

Thyrotropin

▪ THYROTROPIN ALFA

Restricted benefit

Ablation of thyroid remnant tissue

Clinical criteria:

- Patient must have undergone a thyroidectomy, **AND**
- The treatment must be in combination with radioactive iodine, **AND**
- Patient must not have a known metastatic disease.

thyrotropin alfa 900 microgram injection, 2 vials

2700D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1560.27	25.00	Thyrogen [GZ]

POSTERIOR PITUITARY LOBE HORMONES

Vasopressin and analogues

▪ DESMOPRESSIN

Authority required (STREAMLINED)

5266

Cranial diabetes insipidus

desmopressin acetate 200 microgram tablet, 30

8662X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*111.03	25.00	Minirin [FP]

▪ DESMOPRESSIN

Authority required (STREAMLINED)

15012

Cranial diabetes insipidus

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

desmopressin acetate 200 microgram tablet, 30

13889B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*212.34	25.00	Minirin [FP]

▪ DESMOPRESSIN

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:
desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations; and
desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations.

Authority required (STREAMLINED)

5266

Cranial diabetes insipidus

desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations

15282H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*86.14	25.00	[a] Desmomed [DZ]

desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations

8711L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*100.50	25.00	[a] Minirin Nasal Spray [FP]

▪ DESMOPRESSIN

Note Not to be used in preference to enuresis alarms.

Authority required (STREAMLINED)

14972

Primary nocturnal enuresis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

No more than twice the maximum quantity will be authorised.

Authority required (STREAMLINED)

14842

Primary nocturnal enuresis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

No more than twice the maximum quantity will be authorised.

desmopressin acetate 200 microgram tablet, 30

13945Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*78.80	25.00	Minirin [FP]

▪ DESMOPRESSIN

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months with no more than twice the maximum quantity will be authorised for the tablets.

Authority required (STREAMLINED)

5413

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Authority required (STREAMLINED)

5295

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

desmopressin acetate 200 microgram tablet, 30

8663Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	46.58	25.00	Minirin [FP]

▪ DESMOPRESSIN

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:
Desmopressin 240 microgram sublingual tablet; and
Desmopressin 240 microgram sublingual wafer.

Note Not to be used in preference to enuresis alarms.

Authority required (STREAMLINED)

14945

Primary nocturnal enuresis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

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

Authority required (STREAMLINED)

15025

Primary nocturnal enuresis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

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

Desmopressin 240 microgram sublingual tablet, 30

15312X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*137.50	25.00	[a] Desmopressin ADVZ [BZ]

desmopressin 240 microgram sublingual wafer, 30

13890C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*137.50	25.00	[a] Minirin Melt [FP]

▪ DESMOPRESSIN

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:
Desmopressin 120 microgram sublingual tablet; and
Desmopressin 120 microgram sublingual wafer.

Note Not to be used in preference to enuresis alarms.

Authority required (STREAMLINED)

14972

Primary nocturnal enuresis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

No more than twice the maximum quantity will be authorised.

Authority required (STREAMLINED)

14842

Primary nocturnal enuresis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

No more than twice the maximum quantity will be authorised.

desmopressin 120 microgram sublingual wafer, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14004C NP	2	5	..	*86.16	25.00	[a] Minirin Melt [FP]

Desmopressin 120 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15323L NP	2	5	..	*86.16	25.00	[a] Desmopressin ADVZ [BZ]

▪ DESMOPRESSIN

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:
Desmopressin 240 microgram sublingual tablet; and
Desmopressin 240 microgram sublingual wafer.

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months will be authorised for the wafers. No more than twice the maximum quantity for the 120 micrograms wafers and no applications for increased maximum quantities for the 240 micrograms wafers will be authorised.

Authority required (STREAMLINED)

5412

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Authority required (STREAMLINED)

5226

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

Desmopressin 240 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15291T NP	1	5	..	75.38	25.00	[a] Desmopressin ADVZ [BZ]

desmopressin 240 microgram sublingual wafer, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8975J NP	1	5	..	75.38	25.00	[a] Minirin Melt [FP]

▪ DESMOPRESSIN

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:
Desmopressin 120 microgram sublingual tablet; and
Desmopressin 120 microgram sublingual wafer.

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months will be authorised for the wafers. No more than twice the maximum quantity for the 120 micrograms wafers and no applications for increased maximum quantities for the 240 micrograms wafers will be authorised.

Authority required (STREAMLINED)

5412

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Authority required (STREAMLINED)

5226

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

desmopressin 120 microgram sublingual wafer, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9398P NP	1	5	..	50.26	25.00	[a] Minirin Melt [FP]

Desmopressin 120 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15313Y NP	1	5	..	50.26	25.00	[a] Desmopressin ADVZ [BZ]

▪ DESMOPRESSIN

Caution Desmopressin nasal spray may be associated with an increased risk of hyponatraemia compared to the oral formulations.

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:
desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations; and
desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations.

Note Not to be used in preference to enuresis alarms.

Authority required (STREAMLINED)

5342

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Authority required (STREAMLINED)

5267

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15333B NP	‡1	5	..	50.25	25.00	[a] Desmomed [DZ]

desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8712M NP	‡1	5	..	57.43	25.00	[a] Minirin Nasal Spray [FP]

HYPOTHALAMIC HORMONES

Gonadotropin-releasing hormones

▪ NAFARELIN

Restricted benefit

Endometriosis

Treatment Phase: Initial treatment, for up to 6 months

Clinical criteria:

- The condition must be visually proven.

Restricted benefit

Endometriosis

Treatment Phase: Subsequent treatment, for up to 6 months

Clinical criteria:

- The condition must be visually proven, **AND**
- The treatment must not be within 2 years of the end of the previous course of treatment with this drug, **AND**
- Patient must have had a recent bone density assessment.

The date of the bone density assessment must be recorded in the patient's medical records.

nafarelin 200 microgram/actuation nasal spray, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2962X	‡1	5	..	121.72	25.00	Synarel [PF]

Anti-gonadotropin-releasing hormones

▪ RELUGOLIX + ESTRADIOL + NORETHISTERONE ACETATE

Caution Ryeqo should not be used interchangeably with GnRH agonists and/or hormonal contraceptives brands due to differences in dose and schedule of treatment.

Authority required (STREAMLINED)

16429

Endometriosis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have experienced moderate to severe pain associated with endometriosis, **AND**
- The condition must be visually proven, **AND**
- Patient must have received an inadequate response to, or be intolerant to, previous first line therapies for this condition, including at least one of the following: (i) hormonal contraceptives, (ii) analgesics, **AND**
- Patient must not have undergone surgery for this condition in the last 3 months; OR
- Patient must not commence this treatment until 3 months post-surgery, **AND**
- Patient must not have a history of, nor currently have any of the following: (i) osteoporosis, (ii) risk of other metabolic bone disease.

Treatment criteria:

- Must be treated by a specialist medical practitioner with experience in the diagnosis and management of endometriosis.

Population criteria:

- Patient must be pre-menopausal, **AND**
- Patient must be at least 18 years of age.

Assessment of bone mineral density (BMD) by dual-energy X-ray absorptiometry (DXA) is recommended at baseline, after the first 52 weeks of treatment, and annually thereafter. Depending on the degree of change in BMD, the benefit and risks of Ryeqo may need to be reconsidered. Use is recommended to be limited to 24 months, with extension of therapy conditional on stability of DXA and reassessment of risk/benefit in the individual patient by the treating physician.

Authority required (STREAMLINED)

16430

Endometriosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have undergone surgery for this condition in the last 3 months, **AND**
- Patient must not have a history of, nor currently have any of the following: (i) osteoporosis, (ii) risk of other metabolic bone disease.

Treatment criteria:

- Must be treated by a specialist medical practitioner with experience in the diagnosis and management of endometriosis.

Population criteria:

- Patient must be pre-menopausal.

The prescriber must only request for this treatment phase for the patient if ongoing treatment with this drug is likely to result in an adequate response.

Details of bone mineral density (BMD) by dual-energy X-ray absorptiometry (DXA) for continuing treatment beyond 6 months if under 41 years of age must be documented in the patient's medical record.

Assessment of bone mineral density (BMD) by dual-energy X-ray absorptiometry (DXA) is recommended at baseline, after the first 52 weeks of treatment, and annually thereafter. Depending on the degree of change in BMD, the benefit and risks of Ryeqo may need to be reconsidered. Use is recommended to be limited to 24 months, with extension of therapy conditional on stability of DXA and reassessment of risk/benefit in the individual patient by the treating physician.

relugolix 40 mg + estradiol 1 mg + norethisterone acetate 500 microgram tablet, 28

14795Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	208.18	25.00	Ryeqo [FX]

▪ CORTICOSTEROIDS FOR SYSTEMIC USE

CORTICOSTEROIDS FOR SYSTEMIC USE, PLAIN

Mineralocorticoids

▪ FLUDROCORTISONE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

fludrocortisone acetate 100 microgram tablet, 100

1433K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*35.38	25.00	[a] Florinef [AS]	[a] FLUDROCORTISONE MEDSURGE [DZ]

Glucocorticoids

▪ ABIRATERONE (&) METHYLPREDNISOLONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product Yonsa MPred to ANDRIGA-10 or abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

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

Authority required

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not be a PBS benefit where disease progression occurs whilst being treated with any of: (i) a combination treatment containing the individual drugs in one pharmaceutical benefit, (ii) the individual drugs obtained as separate pharmaceutical benefits, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 125 mg tablet [120] (&) methylprednisolone 4 mg tablet [60], 1 pack

13263C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	860.82	25.00	Yonsa Mpred [RA]

▪ ABIRATERONE (&) METHYLPREDNISOLONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product Yonsa MPred to ANDRIGA-10 or abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

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

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

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

Authority required

Metastatic castration sensitive carcinoma of the prostate

Clinical criteria:

- The treatment must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Patient must be undergoing concurrent androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 125 mg tablet [120] (&) methylprednisolone 4 mg tablet [30], 1 pack

14078Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	719.38	25.00	Yonsa Mpred [RA]

▪ BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

betamethasone acetate 3 mg/mL + betamethasone sodium phosphate 3.9 mg/mL (total betamethasone 5.7 mg/mL) injection, 5 x 1 mL ampoules

5034Y DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	30.04	25.00	Celestone Chronodose [OQ]

▪ BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE

Restricted benefit

Alopecia areata

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Granulomata

Clinical criteria:

- The condition must be dermal.

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

Restricted benefit

Lichen simplex chronicus

Restricted benefit

Chronic discoid lupus erythematosus

Restricted benefit

Necrobiosis lipoidica

Restricted benefit

Uveitis

betamethasone acetate 3 mg/mL + betamethasone sodium phosphate 3.9 mg/mL (total betamethasone 5.7 mg/mL) injection, 5 x 1 mL ampoules

2694T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	30.04	25.00	Celestone Chronodose [OQ]

▪ CORTISONE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

cortisone acetate 25 mg tablet, 60

1247P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	26.45	25.00	Cortate [AS]

cortisone acetate 5 mg tablet, 50

1246N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	21.47	23.01	Cortate [AS]

▪ CORTISONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

cortisone acetate 25 mg tablet, 60

13862N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*38.54	25.00	Cortate [AS]

cortisone acetate 5 mg tablet, 50

13946B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*28.58	25.00	Cortate [AS]

▪ DEXAMETHASONE

dexamethasone 4 mg tablet, 30

2507Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	19.44	20.98	Dexmethsone [AS]

dexamethasone 500 microgram tablet, 30

1292B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	17.10	18.64	Dexmethsone [AS]

▪ DEXAMETHASONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

dexamethasone 500 microgram tablet, 30

14007F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*19.84	21.38	Dexmethsone [AS]

▪ HYDROCORTISONE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

hydrocortisone 20 mg tablet, 60

1500Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	34.39	25.00	[a] Hydrocortisone Viatris 20 [AL]
		[B]2.91	37.30	25.00	[a] Hysone 20 [AF]

hydrocortisone 4 mg tablet, 50

1499X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	28.39	25.00	[a] Hydrocortisone Viatris 4 [AL]
		[B]2.91	31.30	25.00	[a] Hysone 4 [AF]

▪ HYDROCORTISONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

hydrocortisone 20 mg tablet, 60

14476X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*54.42	25.00	[a] Hydrocortisone Viatris 20 [AL]
		[B]5.82	*60.24	25.00	[a] Hysone 20 [AF]

hydrocortisone 4 mg tablet, 50

13863P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*42.42	25.00	[a] Hydrocortisone Viatris 4 [AL]
		[B]5.82	*48.24	25.00	[a] Hysone 4 [AF]

▪ HYDROCORTISONE SODIUM SUCCINATE

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

1501B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*25.02	25.00	Solu-Cortef [PF]

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

3096Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.66	25.00	Solu-Cortef [PF]

▪ HYDROCORTISONE SODIUM SUCCINATE

Restricted benefit

For use in a hospital

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

1510L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*46.32	25.00	Solu-Cortef [PF]

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

5118J DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*46.32	25.00	Solu-Cortef [PF]

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

1511M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*70.14	25.00	Solu-Cortef [PF]

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

5119K DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*70.14	25.00	Solu-Cortef [PF]

▪ METHYLPREDNISOLONE

Restricted benefit

Local intra-articular or peri-articular infiltration

methylprednisolone acetate 40 mg/mL modified release injection, 5 x 1 mL vials

1928L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	28.57	25.00	[a] Depo-Medrol [PF]	[a] Depo-Nisolone [FZ]

▪ METHYLPREDNISOLONE

Restricted benefit

Local intra-articular or peri-articular infiltration

methylprednisolone acetate 40 mg/mL modified release injection, 5 x 1 mL vials

5148Y DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	28.57	25.00	[a] Depo-Medrol [PF]	[a] Depo-Nisolone [FZ]

▪ PREDNISOLONE

prednisolone 1 mg tablet, 100

3152X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	17.48	19.02	[a] Predsolone [LN]
		[B]0.93	18.41	19.02	[a] Panafcortelone [AS]

prednisolone 25 mg tablet, 30

1916W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	18.58	20.12	Panafcortelone [AS]	Solone [IL]

prednisolone 5 mg tablet, 60

1917X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	17.89	19.43	Panafcortelone [AS]	Solone [IL]

▪ PREDNISOLONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

prednisolone 1 mg tablet, 100

13888Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*20.60	22.14	[a] Predsolone [LN]
		[B]1.86	*22.46	22.14	[a] Panafcortelone [AS]

prednisolone 5 mg tablet, 60

14045F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	4	..	*21.42	22.96	Panafcortelone [AS]	Solone [IL]

▪ PREDNISOLONE SODIUM PHOSPHATE

prednisolone (as sodium phosphate) 5 mg/mL oral liquid, 30 mL

8285C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	20.56	22.10	[a] PredMix [LN]

	[B]2.01	22.57	22.10	[a]	Redipred [AS]

NP ▪ PREDNISOLONE SODIUM PHOSPHATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

prednisolone (as sodium phosphate) 5 mg/mL oral liquid, 30 mL

13837G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*26.76	25.00	[a] PredMix [LN]
		[B]4.02	*30.78	25.00	[a] Redipred [AS]

▪ PREDNISONE

prednisone 1 mg tablet, 100

1934T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	17.43	18.97	[a] Predsone [LN]
		[B]0.93	18.36	18.97	[a] Panafcort [AS]

prednisone 25 mg tablet, 30

1936X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	17.37	18.91	Panafcort [AS]	Sone [IL]

prednisone 5 mg tablet, 60

1935W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	17.81	19.35	Panafcort [AS]	Sone [IL]

▪ PREDNISONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

prednisone 1 mg tablet, 100

14043D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*20.50	22.04	[a] Predsone [LN]
		[B]1.86	*22.36	22.04	[a] Panafcort [AS]

prednisone 5 mg tablet, 60

13944X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	4	..	*21.26	22.80	Panafcort [AS]	Sone [IL]

▪ TRIAMCINOLONE

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules

5233K DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	30.04	25.00	Kenacort-A10 [AS]

▪ TRIAMCINOLONE

Restricted benefit

Alopecia areata

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Granulomata

Clinical criteria:

- The condition must be dermal.

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

Restricted benefit

Lichen simplex chronicus

Restricted benefit

Chronic discoid lupus erythematosus

Restricted benefit

Necrobiosis lipoidica

Restricted benefit

Psoriasis

triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules

2990J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	30.04	25.00	Kenacort-A10 [AS]

NP

ANTIADRENAL PREPARATIONS

Anticorticosteroids

▪ OSILODROSTAT

Caution The following should be assessed prior to receiving treatment and closely monitored throughout the treatment period:

1. QTc prolongation via an electrocardiogram
2. Hypocortisolism
3. Corticotroph tumour growth

Note Cortisol levels should be monitored at regular intervals, since hypocortisolism-related events can occur at any time during treatment.

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

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

Note Special Pricing Arrangements apply.

Authority required

Endogenous Cushing's syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be at least one of: (i) persistent hypercortisolism after surgery, (ii) recurrent hypercortisolism after surgery, (iii) inappropriate for surgery, **AND**
- Patient must have active endogenous Cushing's Syndrome determined by a mean urinary free cortisol (UFC) level greater than 1.3 times the upper limit of normal (ULN); OR
- Patient must have undergone treatment for this condition with conventional therapies to control cortisol production resulting in an improved UFC level prior to applying for the initial authority application of this drug.

Treatment criteria:

- Must be treated by an endocrinologist.

Population criteria:

- Patient must be at least 18 years of age.

For the purposes of administering this restriction, the mean UFC is the average of at least two values being 1.3 times greater than the ULN.

Patient must undergo a dose titration period whereby responses must be assessed every 1-2 weeks until the mean UFC levels are within the normal range.

At the time of authority application, medical practitioners must request the appropriate number of packs to provide sufficient drug, based on the prescribed dose of the patient, for 4 weeks of treatment.

A separate authority prescription form must be completed for each strength requested. The dose must not exceed 30 mg twice daily. Up to a maximum of 6 repeats will be authorised.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the dose is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

The condition is inappropriate for surgery if the patient:

(i) has a medical contraindication for surgery;

(ii) has inoperable tumours;

(iii) has been determined that surgery is unlikely to reduce hypercortisolism;

(iv) refuses surgery;

(v) cannot access surgical treatment.

osilodrostat 1 mg tablet, 60

14714K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	..	2580.36	25.00	Isturisa [RJ]

osilodrostat 5 mg tablet, 60

14724Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	..	9985.56	25.00	Isturisa [RJ]

▪ OSILODROSTAT

Caution The following should be assessed prior to receiving treatment and closely monitored throughout the treatment period:

1. QTc prolongation via an electrocardiogram
2. Hypocortisolism
3. Corticotroph tumour growth

Note Cortisol levels should be monitored at regular intervals, since hypocortisolism-related events can occur at any time during treatment.

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

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

Note Special Pricing Arrangements apply.

Authority required

Endogenous Cushing's syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a complete response after at least 26 weeks of treatment with this drug; OR
- Patient must have demonstrated a partial response after at least 26 weeks of treatment with this drug.

Treatment criteria:

- Must be treated by an endocrinologist.

Population criteria:

- Patient must be at least 18 years of age.

For the purposes of administering this restriction, a complete response is defined as a mean urinary free cortisol (UFC) level of less than or equal to the upper limit of normal (ULN).

A partial response is defined as mean UFC level of greater than ULN but with at least 50% reduction from the baseline value. The mean UFC should be the average of at least two urine samples.

At the time of authority application, medical practitioners must request the appropriate number of packs to provide sufficient drug, based on the prescribed dose of the patient, for 4 weeks of treatment.

A separate authority prescription form must be completed for each strength requested. The dose must not exceed 30 mg twice daily. Up to a maximum of 5 repeats will be authorised.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the dose is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

An application for the continuing treatment must be accompanied with the assessment of response conducted after 26 weeks from the first dose of osilodrostat and no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for patients who meet the continuing restriction for PBS-subsidised treatment.

osilodrostat 1 mg tablet, 60

14723X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2580.36	25.00	Isturisa [RJ]

osilodrostat 5 mg tablet, 60

14729F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	9985.56	25.00	Isturisa [RJ]

▪ THYROID THERAPY

THYROID PREPARATIONS

Thyroid hormones

▪ LEVOTHYROXINE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 125 microgram tablet, 200

12830G

NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	25.50	25.00	Eltroxin [LT]

▪ LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 75 microgram tablet, 2 x 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12960D NP MW	1	1	..	22.88	24.42	[a] LEVOXINE [RA]	[a] Thyrox [IX]

▪ LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 100 microgram tablet, 2 x 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12968M NP MW	1	1	..	23.04	24.58	[a] LEVOXINE [RA]	[a] Thyrox [IX]

▪ LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 50 microgram tablet, 2 x 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12969N NP MW	1	1	..	22.74	24.28	[a] LEVOXINE [RA]	[a] Thyrox [IX]

▪ LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 200 microgram tablet, 2 x 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12970P NP MW	1	1	..	24.54	25.00	[a] LEVOXINE [RA]	[a] Thyrox [IX]

▪ LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 200 microgram tablet, 200

2173J (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	24.54	25.00	[a] APO-Levothyroxine [XT]	[a] Eutroxsig [LN]
					[a] Levothyroxine Lup [GQ]	[a] Levothyroxine Sandoz [SZ]
					[b] Eltroxin [LT]	[b] Levothox [AF]
		[B]1.08	25.62	25.00	[a] Oroxine [AS]	

▪ LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 50 microgram tablet, 200

2174K (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	22.74	24.28	[a] APO-Levothyroxine [XT]	[a] Eutroxsig [LN]
					[a] Levothyroxine Lup [GQ]	[a] Levothyroxine Sandoz [SZ]
					[b] Eltroxin [LT]	[b] Levothox [AF]
		[B]1.08	23.82	24.28	[a] Oroxine [AS]	

▪ LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 100 microgram tablet, 200

2175L (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	23.04	24.58	[a] APO-Levothyroxine [XT]	[a] Eutroxsig [LN]
					[a] Levothyroxine Lup [GQ]	[a] Levothyroxine Sandoz [SZ]
					[b] Eltroxin [LT]	[b] Levothox [AF]
		[B]1.08	24.12	24.58	[a] Oroxine [AS]	

▪ LEVOTHYROXINE

Note Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup, APO-Levothyroxine, Thyrox or Levothyroxine Sandoz on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup, APO-Levothyroxine and Levothyroxine Sandoz brands) and pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 2 x 100 (Levoxine and Thyrox brands) are equivalent for the purposes of substitution.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is each of: (a) sharing patient care with a medical practitioner for the current pregnancy episode, (b) continuing existing treatment with this drug that was initiated by a medical practitioner.

levothyroxine sodium 75 microgram tablet, 200

9287T (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	22.88	24.42	[a] APO-Levothyroxine [XT]	[a] Eutroxsig [LN]
					[a] Levothyroxine Lup [GQ]	[a] Levothyroxine Sandoz [SZ]
					[b] Eltroxin [LT]	[b] Levothox [AF]
		[B]1.10	23.98	24.42	[a] Oroxine [AS]	

▪ LIOTHYRONINE

Authority required (STREAMLINED)

6475

Hypothyroidism

Clinical criteria:

- The condition must be severe hypothyroidism, **AND**
- The treatment must be for initiation of therapy only.

liothyronine sodium 20 microgram tablet, 100

14841D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	57.32	25.00	Tertroxin [AS]

▪ LIOTHYRONINE

Authority required (STREAMLINED)

16607

Thyroid cancer

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Authority required (STREAMLINED)

16676

Hypothyroidism

Clinical criteria:

- The treatment must be for replacement therapy, **AND**
- Patient must have documented intolerance to levothyroxine sodium; OR
- Patient must have documented resistance to levothyroxine sodium.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

liothyronine sodium 20 microgram tablet, 100

2318B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	57.32	25.00	Tertroxin [AS]

▪ LIOTHYRONINE

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

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

Authority required (STREAMLINED)

16698

Thyroid cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Authority required (STREAMLINED)

16510

Hypothyroidism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for replacement therapy, **AND**
- Patient must have documented intolerance to levothyroxine sodium; OR
- Patient must have documented resistance to levothyroxine sodium.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

liothyronine sodium 20 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13966C NP	2	2	..	*100.28	25.00	Tertroxin [AS]

ANTITHYROID PREPARATIONS

Thiouracils

▪ PROPYLTHIOURACIL

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

propylthiouracil 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1955X NP	2	2	..	*44.88	25.00	PTU [FF]

▪ PROPYLTHIOURACIL

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

propylthiouracil 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13836F NP	4	2	..	*75.40	25.00	PTU [FF]

Sulfur-containing imidazole derivatives

▪ CARBIMAZOLE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

carbimazole 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1153Q NP	2	2	..	*27.40	25.00	[a] Neo-Mercazole [GH] [a] WP Carbimazole [TN]	[a] THIRAZOL [NB]

▪ CARBIMAZOLE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

carbimazole 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13967D NP	4	2	..	*40.44	25.00	[a] Neo-Mercazole [GH] [a] WP Carbimazole [TN]	[a] THIRAZOL [NB]

▪ PANCREATIC HORMONES

GLYCOGENOLYTIC HORMONES

Glycogenolytic hormones

▪ GLUCAGON HYDROCHLORIDE

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1449G NP	1	1	..	50.88	25.00	GlucaGen Hypokit [NO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5105Q	1	..	..	50.88	25.00	GlucaGen Hypokit [NO]

DP

CALCIUM HOMEOSTASIS

PARATHYROID HORMONES AND ANALOGUES

Parathyroid hormones and analogues

TERIPARATIDE

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge and the pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device are equivalent for the purposes of substitution.

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

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

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

Authority required (STREAMLINED)

15536

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

teriparatide 250 microgram/mL injection, 2.4 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15188J	2	2	..	*336.92	25.00	[a] Ritosa [XT]

teriparatide 250 microgram/mL injection, 2.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14482F	2	2	..	*336.92	25.00	[a] Teriparatide Lupin [GQ]	[a] Terrosa [FX]

TERIPARATIDE

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge and the pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device are equivalent for the purposes of substitution.

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

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

Authority required (STREAMLINED)

12492

Severe established osteoporosis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy, **AND**
- Patient must not have received treatment with PBS-subsidised romosozumab; OR
- Patient must have developed intolerance to romosozumab of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy**.** Details must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be documented in the patient's medical record.

Authority required (STREAMLINED)

12270

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15152L	1	5	..	173.14	25.00	[a] Ritosa [XT]

teriparatide 250 microgram/mL injection, 2.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14093R	1	5	..	173.14	25.00	[a] Teriparatide Lupin [GQ]	[a] Terrosa [FX]

ANTI-PARATHYROID AGENTS

Calcitonin preparations

▪ CALCITONIN SALMON

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

Authority required

Symptomatic Paget disease of bone

Clinical criteria:

- The treatment must be for a patient who cannot tolerate bisphosphonates due to kidney disease.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Authority required

Hypercalcaemia

Clinical criteria:

- The treatment must be initiated in a hospital, **AND**
- The treatment must be for a patient who cannot tolerate bisphosphonates due to kidney disease.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

calcitonin salmon 100 units/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2997R NP	3	5	..	*125.70	25.00	Miacalcic 100 [EU]

Other anti-parathyroid agents

▪ CINACALCET

Authority required (STREAMLINED)

10068

Secondary hyperparathyroidism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have chronic kidney disease, **AND**
- Patient must be on dialysis, **AND**
- Patient must have achieved a decrease of at least 30% in intact parathyroid hormone (iPTH) concentrations after 6 months treatment; OR

- Patient must have an intact parathyroid (iPTH) concentration greater than 15 pmol/L and an (adjusted) serum calcium concentration of less than 2.6 mmol/L after 6 months.

During the maintenance phase, iPTH should be monitored quarterly (measured at least 12 hours post dose) and dose adjusted as necessary to maintain an appropriate iPTH concentration.

During the maintenance phase, prescribers should request approval to allow sufficient supply for 4 weeks treatment up to a maximum of 6 months supply, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

cinacalcet 30 mg tablet, 28

9157Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	30.69	25.00	[a] Cinacalcet Viatris [AL]	[a] Pharmacor Cinacalcet [CR]

cinacalcet 60 mg tablet, 28

9158B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	47.04	25.00	[a] Cinacalcet Viatris [AL]	[a] Pharmacor Cinacalcet [CR]

cinacalcet 90 mg tablet, 28

9159C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	63.37	25.00	[a] Cinacalcet Viatris [AL]	[a] Pharmacor Cinacalcet [CR]

ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

TETRACYCLINES

Tetracyclines

DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

doxycycline 100 mg modified release capsule, 7

2708M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	1	1	[B]1.43	18.53	18.64	[a] Mayne Pharma Doxycycline [YT]
			[B]2.75	19.85	18.64	[a] Doryx [YN]

doxycycline 100 mg modified release capsule, 7

3322W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	..	[B]1.43	18.53	18.64	[a] Mayne Pharma Doxycycline [YT]
			[B]2.75	19.85	18.64	[a] Doryx [YN]

doxycycline 100 mg tablet, 7

2709N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	..	17.10	18.64	[a] APX-Doxycycline [TX] [a] DOXYCYCLINE-WGR [WG]	[a] Doxsig [RW] [a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

3321T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	17.10	18.64	[a] APX-Doxycycline [TX] [a] DOXYCYCLINE-WGR [WG]	[a] Doxsig [RW] [a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

5082L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	17.10	18.64	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg tablet, 7

9105F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	1	..	17.10	18.64	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

Urethritis

doxycycline 100 mg tablet, 21

10176N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	22.18	23.72	[a] APX-Doxycycline [TX] [a] Doxylin 100 [AF]	[a] Doxsig [RW]

doxycycline 100 mg modified release capsule, 21

2715X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	[B]3.12	25.30	23.72	[a] Mayne Pharma Doxycycline [YT]

doxycycline 100 mg tablet, 7

2714W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	..	..	*22.59	24.13	[a] APX-Doxycycline [TX] [a] DOXYCYCLINE-WGR [WG]	[a] Doxsig [RW] [a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

9108J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	..	..	*22.59	24.13	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

Severe acne

doxycycline 100 mg modified release capsule, 7

10777F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	5	[B]5.72	*31.04	25.00	[a] Mayne Pharma Doxycycline [YT]
			[B]11.00	*36.32	25.00	[a] Doryx [YN]

doxycycline 100 mg tablet, 7

10779H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	..	*25.32	25.00	[a] APX-Doxycycline [TX] [a] DOXYCYCLINE-WGR [WG]	[a] Doxsig [RW] [a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

10781K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	..	*25.32	25.00	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

Pelvic inflammatory disease

doxycycline 100 mg modified release capsule, 7

2703G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	..	[B]5.72	*31.04	25.00	[a] Mayne Pharma Doxycycline [YT]
			[B]11.00	*36.32	25.00	[a] Doryx [YN]

doxycycline 100 mg tablet, 7

2702F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	..	..	*25.32	25.00	[a] APX-Doxycycline [TX] [a] DOXYCYCLINE-WGR [WG]	[a] Doxsig [RW] [a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

9107H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	..	..	*25.32	25.00	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

Severe acne

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

doxycycline 100 mg modified release capsule, 7

14443E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	2	[B]11.44	*47.72	25.00	[a] Mayne Pharma Doxycycline [YT]
		[B]22.00	*58.28	25.00	[a] Doryx [YN]

doxycycline 100 mg tablet, 7

14480D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8	2	..	*36.28	25.00	[a] APX-Doxycycline [TX] [a] DOXYCYCLINE-WGR [WG]	[a] Doxsig [RW] [a] Doxylin 100 [AF]

doxycycline 100 mg tablet, 7

14511R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8	2	..	*36.28	25.00	[a] Blooms The Chemist Doxycycline [BG]	[a] Doxycycline Sandoz [HX]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 50 mg (as hyclate (hydrochloride)), doxycycline tablet 50 mg (as monohydrate) and doxycycline modified release capsule 50 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

Bronchiectasis

Population criteria:

- Patient must be aged 8 years or older.

Restricted benefit

Chronic bronchitis

Population criteria:

- Patient must be aged 8 years or older.

Restricted benefit

Severe acne

doxycycline 50 mg tablet, 25

2711Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.27	18.81	[a] APX-Doxycycline [TX] [a] DOXYCYCLINE-WGR [WG]	[a] Doxsig [RW] [a] Doxylin 50 [AF]

doxycycline 50 mg tablet, 25

9106G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.27	18.81	[a] Doxycycline Sandoz [HX]

doxycycline 50 mg modified release capsule, 25

2707L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	[B]2.41	19.68	18.81	[a] Mayne Pharma Doxycycline [YT]
		[B]4.74	22.01	18.81	[a] Doryx [YN]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 50 mg (as hyclate (hydrochloride)), doxycycline tablet 50 mg (as monohydrate) and doxycycline modified release capsule 50 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

Bronchiectasis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 8 years or older.

Restricted benefit

Chronic bronchitis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 8 years or older.

Restricted benefit

Severe acne

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

doxycycline 50 mg tablet, 25

14307B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	..	*20.18	21.72	[a] APX-Doxycycline [TX]	[a] Doxsig [RW]
						[a] DOXYCYCLINE-WGR [WG]	[a] Doxylin 50 [AF]

doxycycline 50 mg tablet, 25

14513W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	..	*20.18	21.72	[a] Doxycycline Sandoz [HX]

doxycycline 50 mg modified release capsule, 25

14484H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	[B]4.82	*25.00	21.72	[a] Mayne Pharma Doxycycline [YT]
			[B]9.48	*29.66	21.72	[a] Doryx [YN]

▪ MINOCYCLINE

Caution There are concerns about the incidence of benign intracranial hypertension associated with this drug.

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

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

Restricted benefit

Severe acne

Clinical criteria:

- The condition must not be responding to other tetracyclines.

minocycline 50 mg tablet, 60

1616C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	26.77	25.00	[a] Akamin 50 [AF]	[a] Minomycin-50 [AS]

▪ MINOCYCLINE

Caution There are concerns about the incidence of benign intracranial hypertension associated with this drug.

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

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

Restricted benefit

Severe acne

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be responding to other tetracyclines.

minocycline 50 mg tablet, 60

14483G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	..	*39.18	25.00	[a] Akamin 50 [AF]	[a] Minomycin-50 [AS]

BETA-LACTAM ANTIBACTERIALS, PENICILLINS

Penicillins with extended spectrum

▪ AMOXICILLIN

amoxicillin 250 mg capsule, 20

3301R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	17.10	18.64	[a] Alphamox 250 [AF]	[a] AMILOXYN [RF]
						[a] APO-Amoxycillin [TX]	[a] Cilamox [AL]
			[B]4.43	21.53	18.64	[a] Amoxil [AS]	

amoxicillin 500 mg capsule, 20

3300Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	17.10	18.64	[a] Alphamox 500 [AF]	[a] AMILOXYN [RF]
						[a] AMOXICILLIN-WGR [WG]	[a] Amoxycillin generichealth 500 [GQ]
						[a] Amoxycillin Sandoz [SZ]	[a] APO-Amoxycillin [TX]
						[a] Blooms The Chemist Amoxicillin [BG]	[a] Cilamox [AL]
			[B]4.41	21.51	18.64	[a] Amoxil [AS]	

amoxicillin 500 mg/5 mL powder for oral liquid, 100 mL

5225B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	..	..	#20.53	22.52	Maxamox [SZ]

amoxicillin 500 mg/5 mL powder for oral liquid, 100 mL

8705E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	1	..	#20.53	22.52	Maxamox [SZ]

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

1888J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	1	[S]0.51	#24.16	25.00	Amoxil [AS]

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

3310F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	‡1	..	[S]0.51	#24.16	25.00	Amoxil [AS]

amoxicillin 125 mg/5 mL powder for oral liquid, 100 mL

1886G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	‡1	1	..	#20.26	22.25	[a] Amoxycillin Sandoz [SZ]	[a] APO-Amoxycillin [TX]
			[B]4.50	#24.76	22.25	[a] Amoxil [AS]	

amoxicillin 125 mg/5 mL powder for oral liquid, 100 mL

3302T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	‡1	..	..	#20.26	22.25	[a] Amoxycillin Sandoz [SZ]	[a] APO-Amoxycillin [TX]
			[B]4.50	#24.76	22.25	[a] Amoxil [AS]	

amoxicillin 250 mg/5 mL powder for oral liquid, 100 mL

1887H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	‡1	1	..	#20.26	22.25	[a] AMOXICILLIN-WGR [WG] [a] APO-Amoxycillin [TX]	[a] Amoxycillin Sandoz [SZ]
			[B]4.27	#24.53	22.25	[a] Amoxil Forte [AS]	

amoxicillin 250 mg/5 mL powder for oral liquid, 100 mL

3393N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	‡1	..	..	#20.26	22.25	[a] AMOXICILLIN-WGR [WG] [a] APO-Amoxycillin [TX]	[a] Amoxycillin Sandoz [SZ]
			[B]4.27	#24.53	22.25	[a] Amoxil Forte [AS]	

▪ AMOXICILLIN

Authority required (STREAMLINED)

10416

Community acquired pneumonia

Clinical criteria:

- Patient must have community acquired pneumonia.

amoxicillin 1 g tablet, 14

12002Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	..	17.10	18.64	[a] Amoxycillin Sandoz [BG]
			[B]1.00	18.10	18.64	[a] Maxamox [SZ]

▪ AMOXICILLIN

Restricted benefit

Chronic bronchitis

Clinical criteria:

- Patient must have acute exacerbations of the condition.

amoxicillin 1 g tablet, 14

8581P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	..	17.10	18.64	[a] Amoxycillin Sandoz [BG]
			[B]1.00	18.10	18.64	[a] Maxamox [SZ]

▪ AMOXICILLIN

Authority required

Infection suspected or proven to be due to a susceptible organism

Clinical criteria:

- The treatment must be for patients who require a liquid formulation and in whom the syrup formulations are unsuitable.

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

9714G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP MW	‡1	1	..	#24.16	25.00	Amoxil [AS]

▪ AMOXICILLIN

Authority required (STREAMLINED)

10402

Infection

Clinical criteria:

- Patient must be a male with acute cystitis; OR
- Patient must have pyelonephritis; OR
- Patient must have a tooth avulsion; OR
- Patient must have salmonella enteritis; OR
- Patient must have community acquired pneumonia; OR
- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 500 mg capsule, 20

11947T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*19.84	21.38	[a] Alphamox 500 [AF]	[a] AMILOXYN [RF]
					[a] AMOXICILLIN-WGR [WG]	[a] Amoxycillin generichealth 500 [GQ]
					[a] Amoxycillin Sandoz [SZ]	[a] APO-Amoxycillin [TX]
					[a] Blooms The Chemist Amoxicillin [BG]	[a] Cilamox [AL]
		[B]8.82	*28.66	21.38	[a] Amoxil [AS]	

▪ AMOXICILLIN

Authority required (STREAMLINED)

10404

Infection

Clinical criteria:

- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 250 mg capsule, 20

11998L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*19.84	21.38	[a] Alphamox 250 [AF]	[a] AMILOXYN [RF]
					[a] APO-Amoxycillin [TX]	[a] Cilamox [AL]
		[B]8.86	*28.70	21.38	[a] Amoxil [AS]	

▪ AMOXICILLIN

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

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

amoxicillin 250 mg capsule, 20

1884E (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] Alphamox 250 [AF]	[a] AMILOXYN [RF]
					[a] APO-Amoxycillin [TX]	[a] Cilamox [AL]
		[B]4.43	21.53	18.64	[a] Amoxil [AS]	

amoxicillin 500 mg capsule, 20

1889K (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] Alphamox 500 [AF]	[a] AMILOXYN [RF]
					[a] AMOXICILLIN-WGR [WG]	[a] Amoxycillin generichealth 500 [GQ]
					[a] Amoxycillin Sandoz [SZ]	[a] APO-Amoxycillin [TX]
					[a] Blooms The Chemist Amoxicillin [BG]	[a] Cilamox [AL]
		[B]4.41	21.51	18.64	[a] Amoxil [AS]	

Beta-lactamase sensitive penicillins

▪ BENZATHINE BENZYLPENICILLIN

benzathine benzylpenicillin tetrahydrate 600 000 units (517 mg)/1.17 mL injection, 10 x 1.17 mL syringes

11723B (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	211.54	25.00	Bicillin L-A [PF]

benzathine benzylpenicillin tetrahydrate 600 000 units (517 mg)/1.17 mL injection, 10 x 1.17 mL syringes

11735P (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	211.54	25.00	Bicillin L-A [PF]

▪ BENZATHINE BENZYLPENICILLIN

Note Pharmaceutical benefits that have the brand Benzylpenicillin benzathine (Brancaster Pharma, UK) or the brand Lentocilin S 1200 (Portugal) may be substituted for pharmaceutical benefits that have the brand Bicillin L-A in case of shortage.

benzathine benzylpenicillin 1.2 million units powder for injection [1 vial] (&) inert substance diluent [4 mL ampoule], 1 pack

15058M (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*490.44	25.00	[a] Lentocilin S 1200 (Portugal) [NG]

benzathine benzylpenicillin 1.2 million units powder for injection [1 vial] (&) inert substance diluent [4 mL ampoule], 1 pack

15063T (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*490.44	25.00	[a] Lentocilin S 1200 (Portugal) [NG]

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

2267H (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	327.06	25.00	[a] Bicillin L-A [PF]

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

5027N (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	327.06	25.00	[a] Bicillin L-A [PF]

benzathine benzylpenicillin 1.2 million units powder for injection, 1 vial

15365Q (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*490.44	25.00	[a] Benzylpenicillin benzathine (Brancaster Pharma, UK) [QY]

benzathine benzylpenicillin 1.2 million units powder for injection, 1 vial

15389Y (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*490.44	25.00	[a] Benzylpenicillin benzathine (Brancaster Pharma, UK) [QY]

▪ BENZYLPENICILLIN

benzylpenicillin 600 mg injection, 1 vial

1775K (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	1	..	*71.94	25.00	BenPen [SZ]

benzylpenicillin 600 mg injection, 1 vial

3398W (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*71.94	25.00	BenPen [SZ]

benzylpenicillin 3 g injection, 1 vial

3399X (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*107.24	25.00	BenPen [SZ]

▪ BENZYLPENICILLIN

Caution If prescribed for sepsis (or suspected sepsis) by an authorised PBS prescriber who is not a medical practitioner, the decision to prescribe this benefit is to be shared with a medical practitioner.

benzylpenicillin 3 g injection, 1 vial

2647H (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*107.24	25.00	BenPen [SZ]

▪ PHENOXYMETHYLPENICILLIN

phenoxymethylpenicillin 500 mg tablet, 25

3028J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*24.94	25.00	Aspecillin VK [AF]

phenoxymethylpenicillin 500 mg tablet, 25

3361X (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*24.94	25.00	Aspecillin VK [AF]

phenoxymethylpenicillin 250 mg capsule, 50

1789E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.43	19.97	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 250 mg capsule, 50

3363B (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.43	19.97	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 500 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2965C NP	1	..	..	19.65	21.19	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 500 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3364C DP	1	..	..	19.65	21.19	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5012T DP	2	..	..	*25.72	25.00	Cilicaine V [AF]

phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9143F NP	2	1	..	*25.72	25.00	Cilicaine V [AF]

phenoxymethylpenicillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5024K DP	2	..	..	*#27.06	25.00	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8976K NP	2	1	..	*#27.06	25.00	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5029Q DP	2	..	..	*#28.86	25.00	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8977L NP	2	1	..	*#28.86	25.00	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 250 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1787C NP	2	..	..	*22.50	24.04	Aspecillin VK [AF]

phenoxymethylpenicillin 250 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3360W DP	2	..	..	*22.50	24.04	Aspecillin VK [AF]

▪ PHENOXYMETHYLPENICILLIN

Restricted benefit

Recurrent streptococcal infections (including rheumatic fever)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for prophylaxis.

phenoxymethylpenicillin 250 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13968E NP	2	5	..	*22.50	24.04	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 250 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14044E NP	4	5	..	*30.64	25.00	Aspecillin VK [AF]

▪ PHENOXYMETHYLPENICILLIN

Restricted benefit

Recurrent streptococcal infections (including rheumatic fever)

Clinical criteria:

- The treatment must be for prophylaxis.

phenoxymethylpenicillin 250 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1705R NP	1	5	..	18.43	19.97	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 250 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1703P NP	2	5	..	*22.50	24.04	Aspecillin VK [AF]

Beta-lactamase resistant penicillins

▪ DICLOXACILLIN

Restricted benefit

Serious staphylococcal infection

dicloxacillin 250 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5096F DP	1	..	..	18.90	20.44	[a] ARX-Dicloxacillin [XT]	[a] DICLOXACILLIN VIATRIS 250 [MQ]
			[B]1.83	20.73	20.44	[a] Distaph 250 [AF]	

dicloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5097G DP	1	..	..	22.21	23.75	[a] ARX-Dicloxacillin [XT]	[a] DICLOXACILLIN VIATRIS 500 [MQ]
			[B]1.90	24.11	23.75	[a] Distaph 500 [AF]	

▪ DICLOXACILLIN

Restricted benefit

Serious staphylococcal infection

dicloxacillin 250 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8121K NP MW	1	..	..	18.90	20.44	[a] ARX-Dicloxacillin [XT]	[a] DICLOXACILLIN VIATRIS 250 [MQ]
			[B]1.83	20.73	20.44	[a] Distaph 250 [AF]	

dicloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8122L NP MW	1	..	..	22.21	23.75	[a] ARX-Dicloxacillin [XT]	[a] DICLOXACILLIN VIATRIS 500 [MQ]
			[B]1.90	24.11	23.75	[a] Distaph 500 [AF]	

▪ DICLOXACILLIN

Authority required (STREAMLINED)

6188

Osteomyelitis

dicloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10790X	2	1	..	*30.06	25.00	[a] ARX-Dicloxacillin [XT]	[a] DICLOXACILLIN VIATRIS 500 [MQ]
			[B]3.80	*33.86	25.00	[a] Distaph 500 [AF]	

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 250 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1526H NP MW	1	..	..	18.46	20.00	[a] Flopen [AL] [a] Staphylex 250 [AF]	[a] Flopen Viatris [MQ]

flucloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1527J NP MW	1	..	..	22.79	24.33	[a] Flopen [AL] [a] Staphylex 500 [AF]	[a] Flopen Viatris [MQ]

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5257Q DP	‡1	..	..	#24.25	25.00	Flucil [LN]

flucloxacillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5258R DP	‡1	..	..	#27.01	25.00	Flucil [LN]

flucloxacillin 250 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5090X DP	1	..	..	18.46	20.00	[a] Flopen [AL] [a] Staphylex 250 [AF]	[a] Flopen Viatris [MQ]

flucloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5091Y DP	1	..	..	22.79	24.33	[a] Flopen [AL] [a] Staphylex 500 [AF]	[a] Flopen Viatris [MQ]

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9149M NP MW	‡1	1	..	#24.25	25.00	Flucil [LN]

flucloxacillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9150N NP MW	‡1	1	..	#27.01	25.00	Flucil [LN]

▪ FLUCLOXACILLIN

Caution Severe cholestatic jaundice has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Authority required (STREAMLINED)

17381

Osteomyelitis

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

flucloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10788T NP	2	1	..	*31.22	25.00	[a] Flopen [AL] [a] Staphylex 500 [AF]	[a] Flopen Viatris [MQ]

Combinations of penicillins, incl. beta-lactamase inhibitors

▪ AMOXICILLIN + CLAVULANIC ACID

Authority required (STREAMLINED)

10413

Infection

Clinical criteria:

- Patient must have periorbital (preseptal) cellulitis; OR
- Patient must have postpartum endometritis; OR
- Patient must have an exacerbation of bronchiectasis; OR
- Patient must have pyelonephritis; OR
- Patient must have pneumonia acquired in hospital or aged care; OR
- Patient must have a diabetic foot infection; OR
- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11933C NP MW	2	..	..	*21.00	22.54	[a] Alphaclav Duo Forte Viatris [AL] [a] AMOXICILLIN/CLAVULANIC ACID-WGR 875/125 [WG] [a] APO-Amoxycillin and Clavulanic Acid [TX]	[a] AMCLAVOX DUO FORTE 875/125 [RW] [a] AmoxyClav generichealth 875/125 [HQ] [a] APO-AMOXY/CLAV 875/125 [TW]

					[a] APX-Amoxicillin/Clavulanic Acid [XT]	[a] Blooms The Chemist Amoxicillin/Clavulanic Acid 875/125 [BG]
					[a] COMOX [DZ]	[a] Curam Duo Forte 875/125 [SZ]
		[B]12.92	*33.92	22.54	[a] Augmentin Duo forte [AS]	

▪ AMOXICILLIN + CLAVULANIC ACID

Authority required (STREAMLINED)

10405

Infection

Clinical criteria:

- Patient must be a male with acute cystitis; OR
- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

11941L (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*20.44	21.98	[a] Alphaclav Duo Viatris [AL]	[a] AMCLAVOX DUO 500/125 [RW]
					[a] AMOXICILLIN/CLAVULANIC ACID-WGR 500/125 [WG]	[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]
					[a] APO-AMOXY/CLAV 500/125 [TW]	[a] APX-Amoxicillin/Clavulanic Acid [XT]
					[a] COMOX [DZ]	[a] Curam Duo 500/125 [SZ]
		[B]10.26	*30.70	21.98	[a] Augmentin Duo [AS]	

▪ AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

Restricted benefit

Infection where resistance to amoxicillin is suspected

Restricted benefit

Infections where resistance to amoxicillin is proven

amoxicillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL powder for oral liquid, 60 mL

8319W (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	#20.26	22.25	[a] Curam Duo [SZ]
		[B]5.19	#25.45	22.25	[a] Augmentin Duo 400 [AS]

amoxicillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL powder for oral liquid, 75 mL

1892N (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	#20.26	22.25	Curam [SZ]

▪ AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

Restricted benefit

Infection where resistance to amoxicillin is suspected

Restricted benefit

Infections where resistance to amoxicillin is proven

amoxicillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL powder for oral liquid, 60 mL

5011R (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#20.26	22.25	[a] Curam Duo [SZ]
		[B]5.19	#25.45	22.25	[a] Augmentin Duo 400 [AS]

amoxicillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL powder for oral liquid, 75 mL

5009P (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#20.26	22.25	Curam [SZ]

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

5008N (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.40	18.94	[a] Alphaclav Duo Viatris [AL]	[a] AMCLAVOX DUO 500/125 [RW]
					[a] AMOXICILLIN/CLAVULANIC ACID-WGR 500/125 [WG]	[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]
					[a] APO-AMOXY/CLAV 500/125 [TW]	[a] APX-Amoxicillin/Clavulanic Acid [XT]
					[a] COMOX [DZ]	[a] Curam Duo 500/125 [SZ]
		[B]5.13	22.53	18.94	[a] Augmentin Duo [AS]	

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

5006L (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.68	19.22	[a] Alphaclav Duo Forte Viatris [AL]	[a] AMCLAVOX DUO FORTE 875/125 [RW]

				[a] AMOXICILLIN/CLAVULANIC ACID-WGR 875/125 [WG]	[a] AmoxyClav generichealth 875/125 [HQ]
				[a] APO-Amoxycillin and Clavulanic Acid [TX]	[a] APO-AMOXY/CLAV 875/125 [TW]
				[a] APX-Amoxicillin/Clavulanic Acid [XT]	[a] Blooms The Chemist Amoxicillin/Clavulanic Acid 875/125 [BG]
				[a] COMOX [DZ]	[a] Curam Duo Forte 875/125 [SZ]
	[B]6.46	24.14	19.22	[a] Augmentin Duo forte [AS]	

▪ AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

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

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

Restricted benefit

Infection where resistance to amoxicillin is suspected

Restricted benefit

Infections where resistance to amoxicillin is proven

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

1891M (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.40	18.94	[a] Alphaclav Duo Viatris [AL]	[a] AMCLAVOX DUO 500/125 [RW]
					[a] AMOXICILLIN/CLAVULANIC ACID-WGR 500/125 [WG]	[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]
					[a] APO-AMOXY/CLAV 500/125 [TW]	[a] APX-Amoxicillin/Clavulanic Acid [XT]
					[a] COMOX [DZ]	[a] Curam Duo 500/125 [SZ]
		[B]5.13	22.53	18.94	[a] Augmentin Duo [AS]	

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

8254K (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.68	19.22	[a] Alphaclav Duo Forte Viatris [AL]	[a] AMCLAVOX DUO FORTE 875/125 [RW]
					[a] AMOXICILLIN/CLAVULANIC ACID-WGR 875/125 [WG]	[a] AmoxyClav generichealth 875/125 [HQ]
					[a] APO-Amoxycillin and Clavulanic Acid [TX]	[a] APO-AMOXY/CLAV 875/125 [TW]
					[a] APX-Amoxicillin/Clavulanic Acid [XT]	[a] Blooms The Chemist Amoxicillin/Clavulanic Acid 875/125 [BG]
					[a] COMOX [DZ]	[a] Curam Duo Forte 875/125 [SZ]
		[B]6.46	24.14	19.22	[a] Augmentin Duo forte [AS]	

OTHER BETA-LACTAM ANTIBACTERIALS

First-generation cephalosporins

▪ CEFALEXIN

cefalexin 250 mg capsule, 20

3317N (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Cephalexin [TX]	[a] Cefalexin Viatris [AL]
					[a] Ibilex 250 [AF]	
		[B]4.47	21.57	18.64	[a] Keflex [AS]	

cefalexin 500 mg capsule, 20

3318P (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Cephalexin [TX]	[a] Blooms The Chemist Cefalexin [BG]
					[a] Cefalexin Sandoz [SZ]	[a] Cephalex 500 [CR]
					[a] Cephalexin generichealth [GQ]	[a] CEPHALEXIN-WGR [WG]
					[a] Ibilex 500 [AF]	
		[B]5.98	23.08	18.64	[a] Keflex [AS]	

cefalexin 125 mg/5 mL powder for oral liquid, 100 mL

3094W (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	#20.26	22.25	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 125 [AF]
		[B]4.60	#24.86	22.25	[a] Keflex [AS]	

cefalexin 125 mg/5 mL powder for oral liquid, 100 mL

3319Q (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	#20.26	22.25	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 125 [AF]
		[B]4.60	#24.86	22.25	[a] Keflex [AS]	

cefalexin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3095X NP MW	‡1	1	..	#20.36	22.35	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 250 [AF]
			[B]5.91	#26.27	22.35	[a] Keflex [AS]	

cefalexin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3320R DP	‡1	..	..	#20.36	22.35	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 250 [AF]
			[B]5.91	#26.27	22.35	[a] Keflex [AS]	

▪ CEFALEXIN

Authority required (STREAMLINED)

17381

Osteomyelitis

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where this prescription is to continue existing therapy with this medicine.

cefalexin 500 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10778G NP	2	1	..	*19.84	21.38	[a] APO-Cephalexin [TX]	[a] Blooms The Chemist Cefalexin [BG]
						[a] Cefalexin Sandoz [SZ]	[a] Cephalex 500 [CR]
						[a] Cephalexin generichealth [GQ]	[a] CEPHALEXIN-WGR [WG]
						[a] Ibilex 500 [AF]	
			[B]11.96	*31.80	21.38	[a] Keflex [AS]	

▪ CEFALEXIN

Authority required (STREAMLINED)

10410

Infection

Clinical criteria:

- Patient must have a pin-site infection; OR
- Patient must have an infection following cardiac device insertion; OR
- Patient must have acute otitis externa; OR
- Patient must have streptococcal pharyngitis or tonsillitis; OR
- Patient must have mastitis; OR
- Patient must have periorbital (preseptal) cellulitis; OR
- Patient must have acute rheumatic fever; OR
- Patient must have a diabetic foot infection; OR
- Patient must have a widespread infection of dermatitis; OR
- Patient must require treatment for prophylaxis for invasive group A streptococcal (iGAS) infection; OR
- Patient must have impetigo; OR
- Patient must have pyelonephritis; OR
- Patient must have a condition requiring prolonged oral antibiotic therapy.

Midwives may prescribe under this item for the treatment of mastitis only.

cefalexin 500 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11934D NP MW	2	..	..	*19.84	21.38	[a] APO-Cephalexin [TX]	[a] Blooms The Chemist Cefalexin [BG]
						[a] Cefalexin Sandoz [SZ]	[a] Cephalex 500 [CR]
						[a] Cephalexin generichealth [GQ]	[a] CEPHALEXIN-WGR [WG]
						[a] Ibilex 500 [AF]	
			[B]11.96	*31.80	21.38	[a] Keflex [AS]	

▪ CEFALEXIN

Authority required (STREAMLINED)

10412

Infection

Clinical criteria:

- Patient must have impaired renal function, **AND**
- Patient must have a pin-site infection; OR
- Patient must have an infection following cardiac device insertion; OR
- Patient must have acute otitis externa; OR
- Patient must have streptococcal pharyngitis or tonsillitis; OR
- Patient must have mastitis; OR
- Patient must have periorbital (preseptal) cellulitis; OR
- Patient must have acute rheumatic fever; OR
- Patient must have a diabetic foot infection; OR

- Patient must have a widespread infection of dermatitis; OR
- Patient must require treatment for prophylaxis for invasive group A streptococcal (iGAS) infection; OR
- Patient must have impetigo; OR
- Patient must have pyelonephritis; OR
- Patient must have a condition requiring prolonged oral antibiotic therapy.

Midwives may prescribe under this item for the treatment of mastitis only, where the patient has impaired renal function.

cefalexin 250 mg capsule, 20

11963P (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*19.84	21.38	[a] APO-Cephalexin [TX] [a] Ibilex 250 [AF]	[a] Cefalexin Viatris [AL]
		[B]8.94	*28.78	21.38	[a] Keflex [AS]	

▪ CEFALEXIN

Authority required (STREAMLINED)

4243

Prophylaxis of urinary tract infection

cefalexin 250 mg capsule, 20

2655R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*19.84	21.38	[a] APO-Cephalexin [TX] [a] Ibilex 250 [AF]	[a] Cefalexin Viatris [AL]
		[B]8.94	*28.78	21.38	[a] Keflex [AS]	

▪ CEFALEXIN

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

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

cefalexin 250 mg capsule, 20

3058Y (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Cephalexin [TX] [a] Ibilex 250 [AF]	[a] Cefalexin Viatris [AL]
		[B]4.47	21.57	18.64	[a] Keflex [AS]	

cefalexin 500 mg capsule, 20

3119E (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Cephalexin [TX]	[a] Blooms The Chemist Cefalexin [BG]
					[a] Cefalexin Sandoz [SZ]	[a] Cephalex 500 [CR]
					[a] Cephalexin generichealth [GQ]	[a] CEPHALEXIN-WGR [WG]
					[a] Ibilex 500 [AF]	
		[B]5.98	23.08	18.64	[a] Keflex [AS]	

▪ CEFAZOLIN

Restricted benefit

Cellulitis

cefazolin 2 g injection, 10 vials

12115P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	46.59	25.00	Cephazolin Viatris [AL]

▪ CEFAZOLIN

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cefazolin 1 g injection, 5 vials

14698N (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*22.92	24.46	Cefazolin-AFT [AE]

cefazolin 2 g injection, 10 vials

14694J (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	46.59	25.00	Cephazolin Viatris [AL]

▪ CEFAZOLIN

Restricted benefit

Cellulitis

cefazolin 1 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1799Q NP	2	..	..	*22.92	24.46	Cefazolin-AFT [AE]

▪ CEFAZOLIN

Restricted benefit

Septicaemia, suspected

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Septicaemia, proven

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cefazolin 1 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1797N NP	2	..	..	*22.92	24.46	Cefazolin-AFT [AE]

cefazolin 2 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12118T NP	1	..	..	46.59	25.00	Cephazolin Viatris [AL]

Second-generation cephalosporins

▪ CEFACLOR

Caution Serum sickness-like reactions have been reported with this drug, especially in children.

cefaclor 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2460L	‡1	1	..	#21.26	23.25	[a] Cefaclor SUN [RA]	[a] Keflor [AF]
			[B]7.67	#28.93	23.25	[a] Ceclor [AL]	

cefaclor 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5046N DP	‡1	..	..	#21.26	23.25	[a] Cefaclor SUN [RA]	[a] Keflor [AF]
			[B]7.67	#28.93	23.25	[a] Ceclor [AL]	

cefaclor 250 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2461M	‡1	1	..	#21.26	23.25	[a] Cefaclor SUN [RA]	[a] Keflor [AF]
			[B]7.67	#28.93	23.25	[a] Ceclor [AL]	

cefaclor 250 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5047P DP	‡1	..	..	#21.26	23.25	[a] Cefaclor SUN [RA]	[a] Keflor [AF]
			[B]7.67	#28.93	23.25	[a] Ceclor [AL]	

cefaclor 375 mg modified release tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1169M	1	1	..	18.10	19.64	[a] Keflor CD [AF]
			[B]7.67	25.77	19.64	[a] Ceclor CD [AL]

cefaclor 375 mg modified release tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5045M DP	1	..	..	18.10	19.64	[a] Keflor CD [AF]
			[B]7.67	25.77	19.64	[a] Ceclor CD [AL]

▪ CEFUROXIME

cefuroxime 125 mg/5 mL powder for oral liquid, 70 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13643C NP	‡2	1	..	*#114.00	25.00	Zinnat (UK) [RQ]

cefuroxime 125 mg/5 mL powder for oral liquid, 70 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13653N DP	‡2	..	..	*#114.00	25.00	Zinnat (UK) [RQ]

cefuroxime 250 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5052X DP	1	..	..	19.87	21.41	Pharmacor Cefuroxime [CR]

cefuroxime 250 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8292K NP	1	1	..	19.87	21.41	Pharmacor Cefuroxime [CR]

cefuroxime 250 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11227X NP	1	1	..	22.21	23.75	[a] Pharmacor Cefuroxime [CR]
			[B]3.79	26.00	23.75	[a] Zinnat [AS]

cefuroxime 250 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11228Y DP	1	..	..	22.21	23.75	[a] Pharmacor Cefuroxime [CR]
			[B]3.79	26.00	23.75	[a] Zinnat [AS]

Third-generation cephalosporins

▪ CEFTRIAXONE

Restricted benefit

Gonorrhoea

ceftriaxone 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9058R NP MW	1	..	..	17.10	18.64	Ceftriaxone-AFT [AE]

▪ CEFTRIAXONE

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ceftriaxone 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14697M NP MW	5	..	..	*28.04	25.00	Ceftriaxone-AFT [AE]

ceftriaxone 1 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14700Q NP MW	0.5	..	..	*32.89	25.00	Ceftriaxone Viatris [AL]

▪ CEFTRIAXONE

Restricted benefit

Septicaemia, suspected

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Septicaemia, proven

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ceftriaxone 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1783W NP	5	..	..	*28.04	25.00	Ceftriaxone-AFT [AE]

ceftriaxone 1 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12114N NP	0.5	..	..	*32.89	25.00	Ceftriaxone Viatris [AL]

▪ CEFTRIAXONE

Note Pharmaceutical benefits that have the form ceftriaxone 2 g injection, 5 vials and pharmaceutical benefits that have the form ceftriaxone 2 g injection, 10 vials are equivalent for the purposes of substitution.

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ceftriaxone 2 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14695K NP MW	1	..	..	27.76	25.00	[a] Ceftriaxone Viatris [AL]

ceftriaxone 2 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14699P NP MW	0.5	..	..	*33.02	25.00	[a] Ceftriaxone Viatris [AL]

▪ CEFTRIAXONE

Note Pharmaceutical benefits that have the form ceftriaxone 2 g injection, 5 vials and pharmaceutical benefits that have the form ceftriaxone 2 g injection, 10 vials are equivalent for the purposes of substitution.

Restricted benefit

Septicaemia, suspected

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Septicaemia, proven

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ceftriaxone 2 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11169W NP	1	..	..	27.76	25.00	[a] Ceftriaxone Viatris [AL]

ceftriaxone 2 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12112L NP	0.5	..	..	*33.02	25.00	[a] Ceftriaxone Viatris [AL]

SULFONAMIDES AND TRIMETHOPRIM

Trimethoprim and derivatives

▪ TRIMETHOPRIM

trimethoprim 300 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2922T NP MW	1	1	..	17.10	18.64	[a] Trimethoprim Viatris [MQ]	[a] TRIMETHOPRIM-WGR [WG]
			[B]2.57	19.67	18.64	[a] Alprim [AF]	
			[B]3.73	20.83	18.64	[a] Triprim [RW]	

▪ TRIMETHOPRIM

Authority required (STREAMLINED)

4243

Prophylaxis of urinary tract infection

trimethoprim 300 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2666H	2	2	..	*19.84	21.38	[a] Trimethoprim Viatris [MQ]	[a] TRIMETHOPRIM-WGR [WG]
			[B]5.14	*24.98	21.38	[a] Alprim [AF]	
			[B]7.46	*27.30	21.38	[a] Triprim [RW]	

▪ TRIMETHOPRIM

Restricted benefit

Prostatitis

trimethoprim 300 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10785P	4	..	..	*25.32	25.00	[a] Trimethoprim Viatris [MQ]	[a] TRIMETHOPRIM-WGR [WG]
			[B]10.28	*35.60	25.00	[a] Alprim [AF]	
			[B]14.92	*40.24	25.00	[a] Triprim [RW]	

Combinations of sulfonamides and trimethoprim, incl. derivatives

▪ TRIMETHOPRIM + SULFAMETHOXAZOLE

Caution There is an increased risk of severe adverse reactions with this combination in the elderly.

trimethoprim 40 mg/5 mL + sulfamethoxazole 200 mg/5 mL oral liquid, 100 mL

3103H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	22.41	23.95	Septrin [RW]

trimethoprim 40 mg/5 mL + sulfamethoxazole 200 mg/5 mL oral liquid, 100 mL

3391L (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	22.41	23.95	Septrin [RW]

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

2951H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	17.10	18.64	[a] Bactrim DS [XO]	[a] Resprim Forte [AF]
		[B]3.91	21.01	18.64	[a] Septrin Forte [RW]	

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

3390K (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] Bactrim DS [XO]	[a] Resprim Forte [AF]
		[B]3.91	21.01	18.64	[a] Septrin Forte [RW]	

▪ TRIMETHOPRIM + SULFAMETHOXAZOLE

Caution There is an increased risk of severe adverse reactions with this combination in the elderly.

Authority required (STREAMLINED)

6201

Prophylaxis of Pneumocystis jiroveci pneumonia

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

10784N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	2	..	*22.59	24.13	[a] Bactrim DS [XO]	[a] Resprim Forte [AF]
		[B]11.73	*34.32	24.13	[a] Septrin Forte [RW]	

MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS

Macrolides

▪ AZITHROMYCIN

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

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

Restricted benefit

Trachoma

azithromycin 200 mg/5 mL powder for oral liquid, 15 mL

8201P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#29.59	25.00	Zithromax [PF]

azithromycin 500 mg tablet, 2

8336R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	18.58	20.12	[a] APO-Azithromycin [TX]	[a] Azithromycin Sandoz [SZ]
					[a] Azithromycin Viatris [AL]	[a] AZITHROMYCIN-WGR [WG]
					[a] ZITHRO [RW]	[a] Zithromax [PF]

▪ AZITHROMYCIN

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

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

Restricted benefit

Urethritis

Clinical criteria:

- The condition must be uncomplicated and due to Chlamydia trachomatis.

Restricted benefit

Cervicitis

Clinical criteria:

- The condition must be uncomplicated and due to Chlamydia trachomatis.

azithromycin 500 mg tablet, 2

8200N (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.58	20.12	[a] APO-Azithromycin [TX]	[a] Azithromycin Sandoz [SZ]
					[a] Azithromycin Viatris [AL]	[a] AZITHROMYCIN-WGR [WG]
					[a] ZITHRO [RW]	[a] Zithromax [PF]

▪ CLARITHROMYCIN

clarithromycin 250 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8318T NP	1	1	..	17.85	19.39	[a] Clarithro 250 [RW] [a] Kalixocin [AF]	[a] Clarithromycin Sandoz [SZ]
			[B]3.29	21.14	19.39	[a] Klacid [GO]	

▪ CLARITHROMYCIN

Restricted benefit

Bordetella pertussis

Restricted benefit

Atypical mycobacterial infections

clarithromycin 250 mg/5 mL powder for oral liquid, 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9192T NP	‡1	..	..	#33.14	25.00	Klacid [GO]

▪ ERYTHROMYCIN

erythromycin 250 mg enteric capsule, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1404X NP MW	1	1	..	26.00	25.00	Mayne Pharma Erythromycin [YT]

erythromycin 250 mg enteric capsule, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3325B DP	1	..	..	26.00	25.00	Mayne Pharma Erythromycin [YT]

▪ ERYTHROMYCIN

Authority required (STREAMLINED)

6160

Severe acne

Clinical criteria:

- The condition must be one in which tetracycline therapy is inappropriate.

erythromycin 250 mg enteric capsule, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10780J NP	2	5	..	*37.64	25.00	Mayne Pharma Erythromycin [YT]

▪ ERYTHROMYCIN

Authority required (STREAMLINED)

15710

Severe acne

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be one in which tetracycline therapy is inappropriate.

erythromycin 250 mg enteric capsule, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14409J NP	4	2	..	*60.92	25.00	Mayne Pharma Erythromycin [YT]

▪ ERYTHROMYCIN ETHYLSUCCINATE

erythromycin (as ethylsuccinate) 200 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2424N NP MW	‡1	1	..	#22.22	24.21	E-Mycin 200 [AF]

erythromycin (as ethylsuccinate) 200 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3334L DP	‡1	..	..	#22.22	24.21	E-Mycin 200 [AF]

erythromycin (as ethylsuccinate) 400 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2428T NP MW	‡1	1	..	#23.44	25.00	E-Mycin 400 [AF]

erythromycin (as ethylsuccinate) 400 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3337P DP	‡1	..	..	#23.44	25.00	E-Mycin 400 [AF]

▪ ROXITHROMYCIN

roxithromycin 150 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5260W DP	1	..	..	17.41	18.95	ª APX-Roxithromycin [TY] ª Roxithromycin Sandoz [SZ]	ª Roxar 150 [RW] ª ROXITHROMYCIN-WGR [WG]

roxithromycin 300 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5261X DP	1	..	..	17.41	18.95	ª APX-Roxithromycin [TY] ª Roxithromycin Sandoz [SZ]	ª Roxar 300 [RW] ª ROXITHROMYCIN-WGR [WG]

▪ ROXITHROMYCIN

Authority required (STREAMLINED)

10404

Infection

Clinical criteria:

- Patient must have a condition requiring prolonged oral antibiotic therapy.

roxithromycin 150 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12001P NP	2	..	..	*20.46	22.00	ª APX-Roxithromycin [TY] ª Roxithromycin Sandoz [SZ]	ª Roxar 150 [RW] ª ROXITHROMYCIN-WGR [WG]

roxithromycin 300 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11993F NP	2	..	..	*20.46	22.00	ª APX-Roxithromycin [TY] ª Roxithromycin Sandoz [SZ]	ª Roxar 300 [RW] ª ROXITHROMYCIN-WGR [WG]

▪ ROXITHROMYCIN

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

roxithromycin 150 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1760P NP	1	..	..	17.41	18.95	ª APX-Roxithromycin [TY] ª Roxithromycin Sandoz [SZ]	ª Roxar 150 [RW] ª ROXITHROMYCIN-WGR [WG]

roxithromycin 300 mg tablet, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8016X NP	1	..	..	17.41	18.95	ª APX-Roxithromycin [TY] ª Roxithromycin Sandoz [SZ]	ª Roxar 300 [RW] ª ROXITHROMYCIN-WGR [WG]

Lincosamides

▪ CLINDAMYCIN

Restricted benefit

Gram-positive coccal infections

Clinical criteria:

- The condition must not be able to be safely and effectively treated with a penicillin.

clindamycin 150 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5057E DP	1	..	..	18.60	20.14	ª APO-Clindamycin [TX] ª Clindamycin LU [XT] ª Clindamyk [AF]	ª Calindamin [RW] ª CLINDAMYCIN-WGR [WG] ª Dalacin C [PF]

▪ CLINDAMYCIN

Restricted benefit

Gram-positive coccal infections

Clinical criteria:

- The condition must not be able to be safely and effectively treated with a penicillin.

clindamycin 150 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3138E NP MW	2	1	..	*22.84	24.38	ª APO-Clindamycin [TX] ª Clindamycin LU [XT] ª Clindamyk [AF]	ª Calindamin [RW] ª CLINDAMYCIN-WGR [WG] ª Dalacin C [PF]

▪ LINCOMYCIN

lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11366F DP	1	..	..	60.26	25.00	LINCOMYCIN SXP [XN]

lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11380Y NP MW	1	..	..	60.26	25.00	LINCOMYCIN SXP [XN]

AMINOGLYCOSIDE ANTIBACTERIALS

Other aminoglycosides

▪ TOBRAMYCIN

Restricted benefit

Pseudomonas aeruginosa infection

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- The treatment must be systemic.

tobramycin 500 mg/5 mL injection, 10 x 5 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9480Y NP	1	1	..	189.16	25.00	Tobra-Day [FF]

▪ TOBRAMYCIN

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

Authority required (STREAMLINED)

17397

Proven Pseudomonas aeruginosa infection

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- Patient must have been assessed for bronchial hyperresponsiveness as per the TGA-approved Product Information, with a negative test result, **AND**
- Patient must be participating in a four week trial of tobramycin inhalation powder and will be assessed for ability to tolerate the dry powder formulation in order to qualify for continued PBS-subsidised therapy. The trial commencement date must be documented in the patient's medical records.

Population criteria:

- Patient must be 6 years of age or older.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

tobramycin 28 mg powder for inhalation, 224 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10066T NP	1	..	..	2460.87	25.00	TOBI podhaler [GO]

▪ TOBRAMYCIN

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

Authority required (STREAMLINED)

17405

Proven Pseudomonas aeruginosa infection

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- Patient must have previously been issued with an authority prescription for tobramycin inhalation capsules, **AND**
- Patient must have demonstrated ability to tolerate the dry powder formulation following the initial 4-week treatment period, as agreed by the patient, the patient's family (in the case of paediatric patients) and the treating physician(s).

Population criteria:

- Patient must be 6 years of age or older.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

tobramycin 28 mg powder for inhalation, 224 capsules

10074F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	2460.87	25.00	TOBI podhaler [GO]

▪ TOBRAMYCIN

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

Authority required (STREAMLINED)
17349
Proven Pseudomonas aeruginosa infection
Clinical criteria:
- Patient must have cystic fibrosis, **AND**
- The treatment must be for management.

Treatment criteria:
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

tobramycin 300 mg/5 mL inhalation solution, 56 x 5 mL ampoules

5442K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	362.44	25.00	[a] Tobi [GO] [a] TOBRAMYCIN WKT [XT]	[a] TOBRAMYCIN SUN [RA]

▪ TOBRAMYCIN

Restricted benefit
Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent
Restricted benefit
Septicaemia, suspected
Restricted benefit
Septicaemia, proven

tobramycin 80 mg/2 mL injection, 5 x 2 mL vials

1356J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*40.02	25.00	Tobramycin Viatris [AL]

tobramycin Injection 80 mg (base) in 2 mL (without preservative), 5

8872Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*70.26	25.00	Pfizer Australia Pty Ltd [PF]

▪ TOBRAMYCIN

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

Authority required (STREAMLINED)
17328
Proven Pseudomonas aeruginosa infection
Treatment Phase: Continuing treatment
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have cystic fibrosis, **AND**
- Patient must have previously been issued with an authority prescription for tobramycin inhalation capsules, **AND**
- Patient must have demonstrated ability to tolerate the dry powder formulation following the initial 4-week treatment period, as agreed by the patient, the patient's family (in the case of paediatric patients) and the treating physician(s).

Population criteria:
- Patient must be 6 years of age or older.

Treatment criteria:
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

tobramycin 28 mg powder for inhalation, 224 capsules

13965B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*4812.38	25.00	TOBI podhaler [GO]

▪ TOBRAMYCIN

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

Authority required (STREAMLINED)
17403
Proven Pseudomonas aeruginosa infection

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have cystic fibrosis, **AND**
- The treatment must be for management.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where patient care is being shared with a medical practitioner.

tobramycin 300 mg/5 mL inhalation solution, 56 x 5 mL ampoules

14006E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*715.52	25.00	[a] Tobi [GO] [a] TOBRAMYCIN WKT [XT]	[a] TOBRAMYCIN SUN [RA]

QUINOLONE ANTIBACTERIALS

Fluoroquinolones

▪ CIPROFLOXACIN

Authority required

Respiratory tract infection

Clinical criteria:

- The condition must be proven or suspected to be caused by Pseudomonas aeruginosa, **AND**
- Patient must be severely immunocompromised.

Authority required

Bacterial gastroenteritis

Clinical criteria:

- Patient must be severely immunocompromised.

Authority required

Infection

Clinical criteria:

- The condition must be proven to be due to Pseudomonas aeruginosa resistant to all other oral antimicrobials; OR
- The condition must be proven to be due to other gram-negative bacteria resistant to all other oral antimicrobials.

Authority required

Bone or joint infection

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Epididymo-orchitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Prostatitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Perichondritis of the pinna

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

ciprofloxacin 500 mg tablet, 14

1209P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.60	20.14	[a] APO-Ciprofloxacin [TX] [a] Ciprofloxacin Sandoz [SZ] [a] Ciprol 500 [RW]	[a] C-Flox 500 [AL] [a] CIPROFLOXACIN-WGR [WG]

ciprofloxacin 750 mg tablet, 14

1210Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	19.58	21.12	[a] APO-Ciprofloxacin [TX]	[a] C-Flox 750 [AL]

[a] Ciprofloxacin Sandoz [SZ] [a] CIPROFLOXACIN-WGR [WG]
[a] Ciprol 750 [RW]

NP

▪ CIPROFLOXACIN

Authority required
Respiratory tract infection
Clinical criteria:
- The condition must be proven or suspected to be caused by Pseudomonas aeruginosa, **AND**
- Patient must be severely immunocompromised.

Authority required
Bacterial gastroenteritis
Clinical criteria:
- Patient must be severely immunocompromised.

Authority required
Infection
Clinical criteria:
- The condition must be proven to be due to Pseudomonas aeruginosa resistant to all other oral antimicrobials; OR
- The condition must be proven to be due to other gram-negative bacteria resistant to all other oral antimicrobials.

Authority required
Bone or joint infection
Clinical criteria:
- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required
Epididymo-orchitis
Clinical criteria:
- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required
Prostatitis
Clinical criteria:
- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required
Perichondritis of the pinna
Clinical criteria:
- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required
Gonorrhoea

ciprofloxacin 250 mg tablet, 14

1208N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.08	19.62	[a] APO-Ciprofloxacin [TX]	[a] C-Flox 250 [AL]
					[a] Ciprofloxacin Sandoz [SZ]	[a] CIPROFLOXACIN-WGR [WG]
					[a] Ciprol 250 [RW]	

NP

▪ NORFLOXACIN

Authority required
Acute bacterial enterocolitis
Authority required
Complicated urinary tract infection

norfloxacin 400 mg tablet, 14

3010K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.10	19.64	[a] APO-Norfloxacin [TX]	[a] Roxin [RW]

NP

OTHER ANTIBACTERIALS

Glycopeptide antibacterials

▪ VANCOMYCIN

Restricted benefit

Endocarditis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be hypersensitive to penicillin.

vancomycin 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2269K	1	..	..	20.62	22.16	[a] Vancomycin Juno [XT] [a] Vancomycin Viatris [AL]	[a] VANCOMYCIN MEDSURGE [DZ]

vancomycin 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3130R	2	..	..	*22.86	24.40	[a] Vancomycin Juno [XT] [a] Vancomycin Viatris [AL]	[a] VANCOMYCIN MEDSURGE [DZ]

▪ VANCOMYCIN

Restricted benefit

Endocarditis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be hypersensitive to penicillin.

vancomycin 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5083M (DP)	1	..	..	20.62	22.16	[a] Vancomycin Juno [XT] [a] Vancomycin Viatris [AL]	[a] VANCOMYCIN MEDSURGE [DZ]

vancomycin 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3323X (DP)	2	..	..	*22.86	24.40	[a] Vancomycin Juno [XT] [a] Vancomycin Viatris [AL]	[a] VANCOMYCIN MEDSURGE [DZ]

▪ VANCOMYCIN

Restricted benefit

Endophthalmitis

vancomycin 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2270L	3	..	..	*33.15	25.00	[a] Vancomycin Juno [XT] [a] Vancomycin Viatris [AL]	[a] VANCOMYCIN MEDSURGE [DZ]

vancomycin 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3131T	5	..	..	*35.59	25.00	[a] Vancomycin Juno [XT] [a] Vancomycin Viatris [AL]	[a] VANCOMYCIN MEDSURGE [DZ]

▪ VANCOMYCIN

Restricted benefit

Infection

Clinical criteria:

- The treatment must be initiated in a hospital, **AND**
- The condition must be one in which vancomycin is an appropriate antibiotic.

vancomycin 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14704X (MW)	3	..	..	*33.15	25.00	[a] Vancomycin Juno [XT] [a] Vancomycin Viatris [AL]	[a] VANCOMYCIN MEDSURGE [DZ]

vancomycin 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14696L (MW)	5	..	..	*35.59	25.00	[a] Vancomycin Juno [XT] [a] Vancomycin Viatris [AL]	[a] VANCOMYCIN MEDSURGE [DZ]

Steroid antibacterials

▪ FUSIDATE

Restricted benefit

Serious staphylococcal infections

Clinical criteria:

- The treatment must be used in combination with another antibiotic, **AND**
- The condition must be proven to be due to a staphylococcus.

sodium fusidate 250 mg tablet, 36

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2312Q	1	1	..	99.56	25.00	Fucidin [LO]

▪ FUSIDATE

Authority required (STREAMLINED)

6133

Osteomyelitis

Clinical criteria:

- The condition must be methicillin-resistant staphylococcal aureus (MRSA), **AND**
- The treatment must be used in combination with other anti-staphylococcal antibiotics.

sodium fusidate 250 mg tablet, 36

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10782L	2	1	..	*188.28	25.00	Fucidin [LO]

Imidazole derivatives

▪ METRONIDAZOLE

metronidazole 500 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1642K NP	‡1	..	..	30.81	25.00	Flagyl [VJ]

metronidazole 500 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5157K DP	‡1	..	..	30.81	25.00	Flagyl [VJ]

metronidazole 200 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1636D NP MW	1	1	..	17.10	18.64	[a] Metrogyl 200 [XT]	[a] METRONIDAMED [DZ]

metronidazole 200 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3339R DP	1	..	..	17.10	18.64	[a] Metrogyl 200 [XT]	[a] METRONIDAMED [DZ]

metronidazole 200 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1630T NP MW	‡1	..	..	24.82	25.00	Flagyl S [VJ]

metronidazole 200 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3341W DP	‡1	..	..	24.82	25.00	Flagyl S [VJ]

▪ METRONIDAZOLE

Restricted benefit

Anaerobic infections

metronidazole 400 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1621H NP MW	1	1	..	17.87	19.41	[a] Metrogyl 400 [XT]	[a] METRONIDAMED [DZ]
			[B]2.49	20.36	19.41	[a] Flagyl [VJ]	

▪ METRONIDAZOLE

Restricted benefit

Anaerobic infections

metronidazole 400 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5155H DP	1	..	..	17.87	19.41	[a] Metrogyl 400 [XT]	[a] METRONIDAMED [DZ]
			[B]2.49	20.36	19.41	[a] Flagyl [VJ]	

Nitrofuran derivatives

▪ NITROFURANTOIN

Caution Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.

nitrofurantoin 100 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1693D NP MW	1	1	..	27.93	25.00	[a] ARX-Nitrofurantoin [XT]	[a] Nitrofurantoin BNM [BZ]

nitrofurantoin 50 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1692C NP MW	1	1	..	24.03	25.00	[a] ARX-Nitrofurantoin [XT]	[a] Nitrofurantoin BNM [BZ]

Other antibacterials

▪ METHENAMINE HIPPURATE

methenamine hippurate 1 g tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3124K NP	1	5	..	32.11	25.00	[a] APOHEALTH Urinary Tract Antibacterial [TX] [a] Hiprex [IL]	[a] Chemists' Own Urinary Tract Antibacterial [RW] [a] Uramet [AS]

▪ METHENAMINE HIPPURATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

methenamine hippurate 1 g tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14005D NP	2	5	..	*49.86	25.00	[a] APOHEALTH Urinary Tract Antibacterial [TX] [a] Hiprex [IL]	[a] Chemists' Own Urinary Tract Antibacterial [RW] [a] Uramet [AS]

▪ ANTIMYCOTICS FOR SYSTEMIC USE

ANTIMYCOTICS FOR SYSTEMIC USE

Triazole and tetrazole derivatives

▪ FLUCONAZOLE

Note Not for use in vulvovaginal candida infections.

Authority required (STREAMLINED)

15984

Cryptococcal meningitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

15975

Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

6023

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6030

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)

5989

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

16034

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

fluconazole 100 mg capsule, 28

1472L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.32	25.00	[a] Dizole 100 [XT] [a] Ozole [RA]	[a] Fluconazole Sandoz [SZ]
		[B]10.44	34.76	25.00	[a] Diflucan [PF]	

fluconazole 200 mg capsule, 28

1475P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.78	25.00	[a] APO-Fluconazole [TX] [a] Fluconazole Sandoz [SZ] [a] Fluzole 200 [RW]	[a] Dizole 200 [XT] [a] FLUCONAZOLE-WGR [WG] [a] Ozole [RA]
		[B]15.68	49.46	25.00	[a] Diflucan [PF]	

fluconazole 50 mg capsule, 28

1471K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.51	21.05	[a] Dizole 50 [XT] [a] Ozole [RA]	[a] Fluconazole Sandoz [SZ]
		[B]7.41	26.92	21.05	[a] Diflucan [PF]	

▪ FLUCONAZOLE

Note Not for use in vulvovaginal candida infections.

Authority required (STREAMLINED)

16141

Cryptococcal meningitis

Clinical criteria:

- Patient must be unable to take a solid dose form of fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16148

Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

6031

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6032

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6046

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

16114

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

fluconazole 50 mg/5 mL powder for oral liquid, 35 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5446P NP	1	..	..	#69.46	25.00	Diflucan [PF]

▪ ITRACONAZOLE

Note Not for use in vulvovaginal candida infections.

Note Not for use in superficial mycoses

Note One capsule of itraconazole 50 mg (Lozanoc) is therapeutically equivalent to one 100 mg capsule of conventional itraconazole capsules. The recommended dose for Lozanoc is therefore half the recommended dose for conventional itraconazole capsules. Lozanoc 50 mg capsules and conventional itraconazole 100 mg capsules are not interchangeable.

Authority required (STREAMLINED)

16119

Systemic aspergillosis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

15978

Systemic sporotrichosis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16035

Systemic histoplasmosis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16099

Disseminated pulmonary histoplasmosis infection

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS).

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16101

Chronic pulmonary histoplasmosis infection

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS).

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16073

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16102

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

itraconazole 100 mg capsule, 60

8196J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	115.83	25.00	[a] Itracap [AF]	[a] ITRANOX [RW]

itraconazole 50 mg capsule, 60

10732W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	115.83	25.00	Lozanoc [YN]

▪ POSACONAZOLE

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Authority required

Invasive aspergillosis

Clinical criteria:

- Patient must be unable to tolerate alternative therapy; OR
- Patient must have disease refractory to alternative therapy.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre), for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; OR
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or extensive chronic GVHD, and receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Treatment of neutropenia should continue until recovery of the neutrophil count to at least 500 cells per cubic millimetre.

Patients who have had a previous invasive fungal infection should have secondary prophylaxis during subsequent episodes of neutropenia.

No more than 6 months therapy per episode will be PBS-subsidised

Authority required

Fungal infection

Clinical criteria:

- The condition must be fusariosis; OR
- The condition must be zygomycosis; OR
- The condition must be coccidioidomycosis; OR
- The condition must be chromoblastomycosis; OR
- The condition must be mycetoma, **AND**
- Patient must be unable to tolerate alternative therapy; OR
- Patient must have disease refractory to alternative therapy.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

posaconazole 100 mg modified release tablet, 24

10460M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	124.10	25.00	[a] Pharmacor Posaconazole [CR] [a] POSACONAZOLE DR.REDDY'S [RZ] [a] Posaconazole Sandoz [SZ] [a] POSMED [DZ]	[a] Posaconazole ARX [XT] [a] Posaconazole Juno [JU] [a] POSACONAZOLE-WGR [WG]

▪ VORICONAZOLE

Note For patients with graft versus host disease, acute myeloid leukaemia or myelodysplastic syndrome, applications for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Note For patients undergoing allogeneic haematopoietic stem cell transplant, applications for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 2 months' treatment may be authorised.

Authority required

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre) for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; OR
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or, extensive chronic GVHD, whilst receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant; OR
- Patient must be undergoing allogeneic haematopoietic stem cell transplant using either bone marrow from an unrelated donor or umbilical cord blood (related or unrelated), and, be considered to be at high risk of developing an invasive fungal infection during the neutropenic phase prior to engraftment.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

voriconazole 40 mg/mL powder for oral liquid, 70 mL

10168E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	#493.44	25.00	Vfend [PF]

voriconazole 200 mg tablet, 56

10198R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	149.80	25.00	[a] Voriconazole Sandoz [SZ] [a] Vzole [RW]	[a] Vttack [AF]

voriconazole 50 mg tablet, 56

10173K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	47.80	25.00	[a] Voriconazole Sandoz [SZ] [a] Vzole [RW]	[a] Vttack [AF]

▪ VORICONAZOLE

Authority required

Definite or probable invasive aspergillosis

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be immunocompromised.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious fungal infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by Scedosporium species; OR
- The condition must be caused by Fusarium species.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious Candida infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by species not susceptible to fluconazole; OR

- The condition must be resistant to fluconazole; OR
- Patient must be unable to tolerate fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious invasive mycosis infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

voriconazole 200 mg tablet, 56

9364W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	149.80	25.00	[a] Voriconazole Sandoz [SZ] [a] Vzole [RW]	[a] Vttack [AF]

voriconazole 50 mg tablet, 56

9363T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	47.80	25.00	[a] Voriconazole Sandoz [SZ] [a] Vzole [RW]	[a] Vttack [AF]

▪ VORICONAZOLE

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Authority required

Definite or probable invasive aspergillosis

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be immunocompromised.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious fungal infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by Scedosporium species; OR
- The condition must be caused by Fusarium species.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious Candida infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by species not susceptible to fluconazole; OR
- The condition must be resistant to fluconazole; OR
- Patient must be unable to tolerate fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious invasive mycosis infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

voriconazole 40 mg/mL powder for oral liquid, 70 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9452L NP	1	..	..	#493.44	25.00	Vfend [PF]

ANTIMYCOBACTERIALS

DRUGS FOR TREATMENT OF TUBERCULOSIS

Antibiotics

RIFAMPICIN

Authority required

Mycobacterium ulcerans infection (Buruli ulcer)

Clinical criteria:

- The treatment must be used in combination with another antibiotic for the treatment of Buruli ulcer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

rifampicin 150 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12200D NP	12	..	..	*226.68	25.00	Rimycin 150 [AF]

rifampicin 150 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12190N NP	1	..	..	190.50	25.00	Rimycin 150 [AF]

rifampicin 300 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12189M NP	12	..	..	*108.72	25.00	Rimycin 300 [AF]

rifampicin 300 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12215X NP	1	..	..	93.00	25.00	Rimycin 300 [AF]

Hydrazides

ISONIAZID

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

isoniazid 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1554T NP	1	2	..	22.38	23.92	Arrow Pharma Pty Ltd [RW]

DRUGS FOR TREATMENT OF LEPRA

Drugs for treatment of lepra

DAPSONE

dapsone 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1272Y NP	1	1	..	390.28	25.00	[a] DAPSOMED [DZ]	[a] Link Medical Products Pty Ltd [LM]

dapsone 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8801F NP	1	1	..	319.77	25.00	Link Medical Products Pty Ltd [LM]

Dapsone 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15168H NP	1	1	..	319.77	25.00	DAPSOMED [DZ]

RIFAMPICIN

Authority required

Leprosy

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

rifampicin 150 mg capsule, 100

1982H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	190.50	25.00	Rimycin 150 [AF]

rifampicin 300 mg capsule, 100

1983J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	93.00	25.00	Rimycin 300 [AF]

▪ RIFAMPICIN

Restricted benefit

Meningococcal disease

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be a carrier of the disease; OR
- Patient must be in close contact with people who have the disease.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Haemophilus influenzae type B

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be in contact with people who have the disease.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

rifampicin 150 mg capsule, 10

1981G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	31.61	25.00	Rimycin 150 [AF]

rifampicin 300 mg capsule, 10

1984K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	22.22	23.76	Rimycin 300 [AF]

rifampicin 100 mg/5 mL oral liquid, 60 mL

8025J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	27.11	25.00	Rifadin [SW]

▪ ANTIVIRALS FOR SYSTEMIC USE

DIRECT ACTING ANTIVIRALS

Nucleosides and nucleotides excl. reverse transcriptase inhibitors

▪ ACICLOVIR

Note Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)

5942

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment or suppressive therapy

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

aciclovir 200 mg tablet, 90

1007B (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	32.01	25.00	[a] Aciclovir GH [GQ] [a] ACICLOVIR-WGR [WG] [a] ARX-ACICLOVIR [XT]	[a] Aciclovir Sandoz [HX] [a] APO-Aciclovir [TX]

▪ ACICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.
Note Aciclovir 800 mg is not PBS-subsidised for herpes simplex or chickenpox.
Note No applications for repeats will be authorised.

Authority required (STREAMLINED)
5967
Herpes zoster
Clinical criteria:
- The treatment must be administered within 72 hours of the onset of the rash.

Authority required (STREAMLINED)
5959
Herpes zoster ophthalmicus

aciclovir 800 mg tablet, 35

1052J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	35.72	25.00	[a] Aciclovir Sandoz [HX]	[a] ACICLOVIR-WGR [WG]
					[a] APO-Aciclovir [TX]	[a] ARX-ACICLOVIR [XT]

▪ ACICLOVIR

Note Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note For item codes 1003T and 1555W, pharmaceutical benefits that have the form tablet 200 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)
5936
Initial moderate to severe genital herpes
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

aciclovir 200 mg tablet, 25

1003T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*24.24	25.00	[a] Aciclovir Sandoz [HX]

aciclovir 200 mg tablet, 50

1555W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	24.16	25.00	[a] APO-Aciclovir [TX]	[a] ARX-ACICLOVIR [XT]

▪ FAMCICLOVIR

Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)
5937
Recurrent moderate to severe genital herpes
Treatment Phase: Episodic treatment
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 250 mg tablet, 20

2274Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	32.46	25.00	[a] APO-Famciclovir [TX]	[a] FAMCICLOVIR-WGR [WG]
					[a] Famvir [IX]	[a] Favic 250 [RW]

▪ FAMCICLOVIR

Note Famciclovir 125 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)
5937
Recurrent moderate to severe genital herpes
Treatment Phase: Episodic treatment
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 125 mg tablet, 40

8092X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	32.46	25.00	[a] APO-Famciclovir [TX]	[a] Famvir [IX]
					[a] Favic 125 [RW]	

▪ FAMCICLOVIR

Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)

5971

Recurrent moderate to severe genital herpes

Treatment Phase: Suppressive therapy

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 250 mg tablet, 56

8217L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	65.03	25.00	[a] APO-Famciclovir [TX] [a] FAMCICLOVIR-WGR [WG] [a] Favic 250 [RW]	[a] Ezovir [XT] [a] Famvir [IX]

▪ FAMCICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.

Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Note No applications for repeats will be authorised.

Authority required (STREAMLINED)

5951

Herpes zoster

Clinical criteria:

- The treatment must be administered within 72 hours of the onset of the rash.

famciclovir 250 mg tablet, 21

8002E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	33.36	25.00	[a] APO-Famciclovir [TX] [a] FAMCICLOVIR-WGR [WG] [a] Favic 250 [RW]	[a] Ezovir [XT] [a] Famvir [IX]

▪ FAMCICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.

Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

Note No applications for repeats will be authorised.

Authority required (STREAMLINED)

5943

Herpes zoster

Clinical criteria:

- Patient must be immunocompromised, **AND**
- The treatment must be administered within 72 hours of the onset of the rash.

famciclovir 500 mg tablet, 30

8897G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	41.52	25.00	[a] APO-Famciclovir [TX] [a] Famvir [IX]	[a] FAMCICLOVIR-WGR [WG] [a] Favic 500 [RW]

▪ FAMCICLOVIR

Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

Authority required (STREAMLINED)

5954

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment or suppressive therapy

Clinical criteria:

- Patient must be immunocompromised.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Authority required (STREAMLINED)

5947

Recurrent moderate to severe oral or labial herpes

Treatment Phase: Episodic treatment

Clinical criteria:

- Patient must have HIV infection, **AND**
- Patient must have a CD4 cell count of less than 500 million per litre.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Authority required (STREAMLINED)

5948

Recurrent moderate to severe oral or labial herpes

Treatment Phase: Suppressive therapy

Clinical criteria:

- Patient must have HIV infection, **AND**
- Patient must have CD4 cell counts of less than 150 million per litre.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Authority required (STREAMLINED)

5949

Recurrent moderate to severe oral or labial herpes

Treatment Phase: Suppressive therapy

Clinical criteria:

- Patient must have HIV infection, **AND**
- Patient must present with other opportunistic infections or AIDS defining tumours.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 500 mg tablet, 56

8896F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	65.06	25.00	[a] APO-Famciclovir [TX] [a] FAMCICLOVIR-WGR [WG] [a] Favic 500 [RW]	[a] Ezovir [XT] [a] Famvir [IX]

▪ MOLNUPIRAVIR

Note Details of the Liverpool COVID-19 Drug interaction checker can be found at: https://www.covid19-druginteractions.org/checker

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16190

SARS-CoV-2 infection

Clinical criteria:

- The treatment must be for use when nirmatrelvir (&) ritonavir is contraindicated, **AND**
- Patient must have received a positive nucleic acid test result; OR
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset; OR
- The treatment must be initiated as soon as possible after a diagnosis is confirmed where asymptomatic.

Population criteria:

- Patient must be at least 70 years of age.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

For the purpose of administering this restriction, the contraindications to nirmatrelvir (&) ritonavir can be found using the Liverpool COVID-19 Drug interaction checker or the TGA-approved Product Information for Paxlovid.

Details/reasons of contraindications to nirmatrelvir (&) ritonavir must be documented in the patient's medical records.

Authority required (STREAMLINED)

16191

SARS-CoV-2 infection

Clinical criteria:

- The treatment must be for use when nirmatrelvir (&) ritonavir is contraindicated, **AND**
- Patient must have received a positive nucleic acid test result; OR
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- Patient must satisfy at least one of the following criteria: (i) be moderately to severely immunocompromised with risk of progression to severe COVID-19 disease due to the immunocompromised status, (ii) has experienced past COVID-19 infection resulting in hospitalisation, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be at least 18 years of age.

For the purpose of administering this restriction, 'moderately to severely immunocompromised' patients are those with:

1. Any primary or acquired immunodeficiency including:

a. Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes, multiple myeloma and other plasma cell disorders,

b. Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months),

c. Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency; OR

2. Any significantly immunocompromising condition(s) where, in the last 3 months the patient has received:

a. Chemotherapy or whole body radiotherapy,

b. High-dose corticosteroids (at least 20 mg of prednisone per day, or equivalent) for at least 14 days in a month, or pulse corticosteroid therapy,

c. Biological agents and other treatments that deplete or inhibit B cell or T cell function (abatacept, anti-CD20 antibodies, BTK inhibitors, JAK inhibitors, sphingosine 1-phosphate receptor modulators, anti-CD52 antibodies, anti-complement antibodies, anti-thymocyte globulin),

d. Selected conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) including mycophenolate, methotrexate, leflunomide, azathioprine, 6-mercaptopurine (at least 1.5mg/kg/day), alkylating agents (e.g. cyclophosphamide, chlorambucil), and systemic calcineurin inhibitors (e.g. cyclosporin, tacrolimus); OR

3. Any significantly immunocompromising condition(s) where, in the last 12 months the patient has received an anti-CD20 monoclonal antibody treatment, but criterion 2c above is not met; OR

4. Others with very high-risk conditions including Down Syndrome, cerebral palsy, congenital heart disease, thalassemia, sickle cell disease and other haemoglobinopathies; OR

5. People with disability with multiple comorbidities and/or frailty.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

For the purpose of administering this restriction, the contraindications to nirmatrelvir (&) ritonavir can be found using the Liverpool COVID-19 Drug interaction checker or the TGA-approved Product Information for Paxlovid.

Details/reasons of contraindications to nirmatrelvir (&) ritonavir must be documented in the patient's medical records.

Authority required (STREAMLINED)

16200

SARS-CoV-2 infection

Clinical criteria:

- The treatment must be for use when nirmatrelvir (&) ritonavir is contraindicated, **AND**
- Patient must have received a positive nucleic acid test result; OR
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be each of: (i) identify as Aboriginal or Torres Strait Islander, (ii) at least 30 years of age, (iii) at high risk.

For the purpose of administering this restriction, high risk is defined as the presence of at least one of the following conditions:

1. The patient is in residential aged care

2. The patient has disability with multiple comorbidities and/or frailty

3. Neurological conditions, including stroke and dementia and demyelinating conditions

4. Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis, or caused by neurological or musculoskeletal disease

5. Heart failure, coronary artery disease, cardiomyopathies

6. Obesity (BMI greater than 30 kg/m^2)

7. Diabetes type I or II, requiring medication for glycaemic control

8. Renal impairment (eGFR less than 60mL/min)

9. Cirrhosis

10. The patient has reduced, or lack of, access to higher level healthcare and lives in an area of geographic remoteness classified by the Modified Monash Model as Category 5 or above

11. Past COVID-19 infection episode resulting in hospitalisation.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records.

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

For the purpose of administering this restriction, the contraindications to nirmatrelvir (&) ritonavir can be found using the Liverpool COVID-19 Drug interaction checker or the TGA-approved Product Information for Paxlovid.

Details/reasons of contraindications to nirmatrelvir (&) ritonavir must be documented in the patient's medical records.

Note The Modified Monash Model categorises an area according to geographical remoteness and town size. Details can be found at: https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm

Authority required (STREAMLINED)

16201

SARS-CoV-2 infection

Clinical criteria:

- The treatment must be for use when nirmatrelvir (&) ritonavir is contraindicated, **AND**
- Patient must have received a positive nucleic acid test result; OR
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be both: (i) at least 50 years of age, (ii) at high risk.

For the purpose of administering this restriction, high risk is defined as either a past COVID-19 infection episode resulting in hospitalisation, or the presence of at least two of the following conditions:

1. The patient is in residential aged care,
2. The patient has disability with multiple comorbidities and/or frailty,
3. Neurological conditions, including stroke and dementia and demyelinating conditions,
4. Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis, or caused by neurological or musculoskeletal disease,
5. Heart failure, coronary artery disease, cardiomyopathies,
6. Obesity (BMI greater than 30 kg/m^2),
7. Diabetes type I or II, requiring medication for glycaemic control,
8. Renal impairment (eGFR less than 60mL/min),
9. Cirrhosis, or
10. The patient has reduced, or lack of, access to higher level healthcare and lives in an area of geographic remoteness classified by the Modified Monash Model as Category 5 or above.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records.

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

For the purpose of administering this restriction, the contraindications to nirmatrelvir (&) ritonavir can be found using the Liverpool COVID-19 Drug interaction checker or the TGA-approved Product Information for Paxlovid.

Details/reasons of contraindications to nirmatrelvir (&) ritonavir must be documented in the patient's medical records.

Note The Modified Monash Model categorises an area according to geographical remoteness and town size. Details can be found at: https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm

molnupiravir 200 mg capsule, 40

12910L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1091.36	25.00	Lagevrio [MK]

▪ VALACICLOVIR

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)

5940

Recurrent moderate to severe genital herpes

Treatment Phase: Suppressive therapy

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

valaciclovir 500 mg tablet, 30

5480K (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.88	25.00	[a] APX-Valaciclovir [TY]	[a] Shilova 500 [ZS]
					[a] Vaclovir [AF]	[a] Valaciclovir RBX [RA]
					[a] Valaciclovir Sandoz [SZ]	[a] Valaciclovir SZ [HX]
					[a] VALACICLOVIR-WGR [WG]	[a] Zelitrex [RF]
		[B]2.35	29.23	25.00	[a] Valtrex [RW]	

▪ VALACICLOVIR

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)

5961

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

valaciclovir 500 mg tablet, 30

8134D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.88	25.00	[a] APX-Valaciclovir [TY]	[a] Shilova 500 [ZS]
					[a] Vaclovir [AF]	[a] Valaciclovir RBX [RA]
					[a] Valaciclovir Sandoz [SZ]	[a] Valaciclovir SZ [HX]
					[a] VALACICLOVIR-WGR [WG]	[a] Zelitrex [RF]
		[B]2.35	29.23	25.00	[a] Valtrex [RW]	

▪ VALACICLOVIR

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

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

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

Authority required (STREAMLINED)

5960

Initial moderate to severe genital herpes

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

valaciclovir 500 mg tablet, 10

8133C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*22.84	24.38	[a] APX-Valaciclovir [TY]	[a] Vaclovir [AF]
					[a] Valaciclovir Sandoz [SZ]	[a] VALACICLOVIR-WGR [WG]
					[a] Zelitrex [RF]	
		[B]5.10	*27.94	24.38	[a] Valtrex [RW]	

▪ VALACICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Note No applications for repeats will be authorised.

Authority required (STREAMLINED)

5962

Herpes zoster

Clinical criteria:

- The treatment must be administered within 72 hours of the onset of the rash.

Authority required (STREAMLINED)

5968

Herpes zoster ophthalmicus

valaciclovir 500 mg tablet, 42

8064K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	31.88	25.00	[a] APX-Valaciclovir [TY]	[a] Vaclovir [AF]
					[a] Valaciclovir RBX [RA]	[a] Valaciclovir Sandoz [SZ]
					[a] VALACICLOVIR-WGR [WG]	[a] Zelitrex [RF]
		[B]2.36	34.24	25.00	[a] Valtrex [RW]	

Protease inhibitors

▪ NIRMATRELVIR (&) RITONAVIR

Caution Nirmatrelvir with ritonavir has significant drug-drug interactions. Please refer to the TGA approved Paxlovid Product Information. Prescribers and dispensers should carefully review a patient's concomitant medications including over-the-counter medications, herbal supplements, and recreational drugs.

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16155

SARS-CoV-2 infection

Clinical criteria:

- Patient must have received a positive nucleic acid test result; OR
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**

- The treatment must be initiated within 5 days of symptom onset; OR
- The treatment must be initiated as soon as possible after a diagnosis is confirmed where asymptomatic.

Population criteria:

- Patient must be at least 70 years of age.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

Authority required (STREAMLINED)

16223

SARS-CoV-2 infection

Clinical criteria:

- Patient must have received a positive nucleic acid test result; OR
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- Patient must satisfy at least one of the following criteria: (i) be moderately to severely immunocompromised with risk of progression to severe COVID-19 disease due to the immunocompromised status, (ii) has experienced past COVID-19 infection resulting in hospitalisation, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be at least 18 years of age.

For the purpose of administering this restriction, 'moderately to severely immunocompromised' patients are those with:

1. Any primary or acquired immunodeficiency including:

a. Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes, multiple myeloma and other plasma cell disorders,

b. Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months),

c. Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency; OR

2. Any significantly immunocompromising condition(s) where, in the last 3 months the patient has received:

a. Chemotherapy or whole body radiotherapy,

b. High-dose corticosteroids (at least 20 mg of prednisone per day, or equivalent) for at least 14 days in a month, or pulse corticosteroid therapy,

c. Biological agents and other treatments that deplete or inhibit B cell or T cell function (abatacept, anti-CD20 antibodies, BTK inhibitors, JAK inhibitors, sphingosine 1-phosphate receptor modulators, anti-CD52 antibodies, anti-complement antibodies, anti-thymocyte globulin),

d. Selected conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) including mycophenolate, methotrexate, leflunomide, azathioprine, 6-mercaptopurine (at least 1.5mg/kg/day), alkylating agents (e.g. cyclophosphamide, chlorambucil), and systemic calcineurin inhibitors (e.g. cyclosporin, tacrolimus); OR

3. Any significantly immunocompromising condition(s) where, in the last 12 months the patient has received an anti-CD20 monoclonal antibody treatment, but criterion 2c above is not met; OR

4. Others with very high-risk conditions including Down Syndrome, cerebral palsy, congenital heart disease, thalassemia, sickle cell disease and other haemoglobinopathies; OR

5. People with disability with multiple comorbidities and/or frailty.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

Authority required (STREAMLINED)

16192

SARS-CoV-2 infection

Clinical criteria:

- Patient must have received a positive nucleic acid test result; OR
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be each of: (i) identify as Aboriginal or Torres Strait Islander, (ii) at least 30 years of age, (iii) at high risk.

For the purpose of administering this restriction, high risk is defined as the presence of at least one of the following conditions:

1. The patient is in residential aged care
2. The patient has disability with multiple comorbidities and/or frailty
3. Neurological conditions, including stroke and dementia and demyelinating conditions
4. Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis, or caused by neurological or musculoskeletal disease
5. Heart failure, coronary artery disease, cardiomyopathies
6. Obesity (BMI greater than 30 kg/m^2)
7. Diabetes type I or II, requiring medication for glycaemic control
8. Renal impairment (eGFR less than 60mL/min)
9. Cirrhosis
10. The patient has reduced, or lack of, access to higher level healthcare and lives in an area of geographic remoteness classified by the Modified Monash Model as Category 5 or above
11. Past COVID-19 infection episode resulting in hospitalisation.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records.

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

Note The Modified Monash Model categorises an area according to geographical remoteness and town size. Details can be found at: https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm

Authority required (STREAMLINED)

16156

SARS-CoV-2 infection

Clinical criteria:

- Patient must have received a positive nucleic acid test result; OR
- Patient must have received a positive rapid antigen test (RAT) result, **AND**
- Patient must have at least one sign or symptom attributable to COVID-19, **AND**
- Patient must not require hospitalisation for COVID-19 infection at the time of prescribing, **AND**
- The treatment must be initiated within 5 days of symptom onset.

Population criteria:

- Patient must be both: (i) at least 50 years of age, (ii) at high risk.

For the purpose of administering this restriction, high risk is defined as either a past COVID-19 infection episode resulting in hospitalisation, or the presence of at least two of the following conditions:

1. The patient is in residential aged care,
2. The patient has disability with multiple comorbidities and/or frailty,
3. Neurological conditions, including stroke and dementia and demyelinating conditions,
4. Respiratory compromise, including COPD, moderate or severe asthma (required inhaled steroids), and bronchiectasis, or caused by neurological or musculoskeletal disease,
5. Heart failure, coronary artery disease, cardiomyopathies,
6. Obesity (BMI greater than 30 kg/m^2),
7. Diabetes type I or II, requiring medication for glycaemic control,
8. Renal impairment (eGFR less than 60mL/min),
9. Cirrhosis, or
10. The patient has reduced, or lack of, access to higher level healthcare and lives in an area of geographic remoteness classified by the Modified Monash Model as Category 5 or above.

Details of the patient's medical condition necessitating use of this drug must be recorded in the patient's medical records.

For the purpose of administering this restriction, signs or symptoms attributable to COVID-19 are: fever greater than 38 degrees Celsius, chills, cough, sore throat, shortness of breath or difficulty breathing with exertion, fatigue, nasal congestion, runny nose, headache, muscle or body aches, nausea, vomiting, diarrhea, loss of taste, loss of smell.

Access to this drug through this restriction is permitted irrespective of vaccination status.

Where nucleic acid testing is used to confirm diagnosis, the result, testing date, location and test provider must be recorded on the patient record.

Where a RAT is used to confirm diagnosis, available information about the test result, testing date, location and test provider (where relevant) must be recorded on the patient record.

This drug is not PBS-subsidised for pre-exposure or post-exposure prophylaxis for the prevention of SARS-CoV-2 infection.

Note The Modified Monash Model categorises an area according to geographical remoteness and town size. Details can be found at: https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm

nirmatrelvir 150 mg tablet [4] (&) ritonavir 100 mg tablet [2], 5 x 6

12996B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	1104.51	25.00	Paxlovid [PF]

Antivirals for treatment of HCV infections

▪ GLECAPREVIR + PIBRENTASVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Chronic hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

The application must include details of the prior treatment regimen containing an NS5A inhibitor.

glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11344C NP	1	3	..	17179.03	25.00	Maviret [VE]

▪ GLECAPREVIR + PIBRENTASVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Chronic hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 8 weeks.

glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11353M NP	1	1	..	17179.03	25.00	Maviret [VE]

▪ GLECAPREVIR + PIBRENTASVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Chronic hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11354N NP	1	2	..	17179.03	25.00	Maviret [VE]

▪ SOFOSBUVIR + VELPATASVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Chronic hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

sofosbuvir 400 mg + velpatasvir 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11147Q NP	1	2	..	12207.36	25.00	Epclusa [GI]

▪ SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR

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

Note Special Pricing Arrangements apply.

Authority required

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

The application must include details of the prior treatment regimen containing an NS5A inhibitor.

sofosbuvir 400 mg + velpatasvir 100 mg + voxilaprevir 100 mg tablet, 28

11658N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	12207.36	25.00	Vosevi [GI]

NP

Antivirals for treatment of HIV infections, combinations

▪ TENOFOVIR DISOPROXIL + EMTRICITABINE

Note Pharmaceutical benefits that have the forms tenofovir disoproxil maleate 300 mg with emtricitabine 200 mg tablet, tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg tablet, and tenofovir disoproxil succinate 301 mg with emtricitabine 200 mg tablet are equivalent for the purposes of substitution.

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

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

Restricted benefit

Pre-exposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) infection

Clinical criteria:

- Patient must have at least one of the following prior to having the latest PBS-subsidised prescription issued: (i) a negative HIV test result no older than 4 weeks, (ii) evidence that an HIV test has been conducted, but the result is still forthcoming.

tenofovir disoproxil succinate 301 mg + emtricitabine 200 mg tablet, 30

12542D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	35.22	25.00	[a] Tenofovir/Emtricitabine Sandoz 301/200 [SZ]

NP

tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg tablet, 30

11296M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	35.22	25.00	[a] Tenofovir Disoproxil Emtricitabine Viatris 300/200 [AL]

NP

tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30

11276L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.22	25.00	[a] CIPLA TENOFOVIR + EMTRICITABINE 300/200 [LR] [a] TENOFOVIR/EMTRICITABINE 300/200 ARX [XT]	[a] TENOFOVIR/EMTRICITABINE 300/200 APX [XW] [a] Tenofovir/Emtricitabine Sandoz Pharma 300/200 [HX]

NP

▪ TENOFOVIR DISOPROXIL + EMTRICITABINE

Note Pharmaceutical benefits that have the forms tenofovir disoproxil maleate 300 mg with emtricitabine 200 mg tablet, tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg tablet, and tenofovir disoproxil succinate 301 mg with emtricitabine 200 mg tablet are equivalent for the purposes of substitution.

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

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

Restricted benefit

Pre-exposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) infection

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have at least one of the following prior to having the latest PBS-subsidised prescription issued: (i) a negative HIV test result no older than 4 weeks, (ii) evidence that an HIV test has been conducted, but the result is still forthcoming.

tenofovir disoproxil succinate 301 mg + emtricitabine 200 mg tablet, 30

15410C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*56.08	25.00	[a] Tenofovir/Emtricitabine Sandoz 301/200 [SZ]

NP

tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg tablet, 30

15366R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*56.08	25.00	[a] Tenofovir Disoproxil Emtricitabine Viatris 300/200 [AL]

NP

tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30

15383P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*56.08	25.00	[a] CIPLA TENOFOVIR + EMTRICITABINE 300/200 [LR] [a] TENOFOVIR/EMTRICITABINE 300/200 ARX [XT]	[a] TENOFOVIR/EMTRICITABINE 300/200 APX [XW]

VACCINES

BACTERIAL VACCINES

Tetanus vaccines

DIPHTHERIA + TETANUS VACCINE

Note For immunisation of adults and children aged greater than or equal to 8 years.

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

8783G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	92.93	25.00	ADT Booster [CS]

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

Nitrogen mustard analogues

CHLORAMBUCIL

chlorambucil 2 mg tablet, 25

1163F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	2	..	*133.76	25.00	Leukeran [AS]

CHLORMETHINE

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

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

Note Special Pricing Arrangements apply.

Authority required

Mycosis fungoides cutaneous T-cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be any of: (i) Stage IA, (ii) IIA, (iii) IB mycosis fungoides cutaneous T-cell lymphoma, **AND**
- The condition must have been confirmed through a diagnostic lesion biopsy from an Approved Pathology Authority, **AND**
- The condition must cover either of which: (i) no more than 10% of the patient's body surface area, (ii) no more than 25% of the patient's body surface area, **AND**
- Patient must be treated by at least one of the following prescriber types (i) dermatologist, (ii) haematologist, **AND**
- The treatment must be approved for 1 unit if the condition is no more than 10% of the patient's body surface area to provide 4 weeks of treatment per script; OR
- The treatment must be approved for 2 units if the condition is no more than 25% of the patient's body surface area to provide 4 weeks of treatment per script.

Population criteria:

- Patient must be at least 18 years of age.

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

Authority required

Mycosis fungoides cutaneous T-cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be treated by at least one of the following prescriber types (i) dermatologist, (ii) haematologist, **AND**
- The treatment must be approved for 1 unit if the condition is no more than 10% of the patient's body surface area to provide 4 weeks of treatment per script; OR
- The treatment must be approved for 2 units if the condition is no more than 25% of the patient's body surface area to provide 4 weeks of treatment per script.

chlormethine 0.016% (160 microgram/g) gel, 60 g

14658L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*3464.42	25.00	Ledaga [XT]

▪ CYCLOPHOSPHAMIDE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

cyclophosphamide 50 mg tablet, 50

1266P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	153.54	25.00	Cyclonex [GH]

▪ MELPHALAN

melphalan 2 mg tablet, 25

2547C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	64.76	25.00	Alkeran [AS]

Alkyl sulfonates

▪ BUSULFAN

busulfan 2 mg tablet, 100

1128J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	78.41	25.00	Myleran [AS]

Nitrosoureas

▪ CARMUSTINE

Note Carmustine is not PBS-subsidised for use in conjunction with PBS-subsidised temozolomide.

Restricted benefit

Glioblastoma multiforme

Clinical criteria:

- The condition must be suspected or confirmed at the time of initial surgery.

carmustine 7.7 mg implant, 8

8898H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	11320.68	25.00	Gliadel [EI]

Other alkylating agents

▪ TEMOZOLOMIDE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

temozolomide 100 mg capsule, 5

8380C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	64.62	25.00	[a] APO-Temozolomide [TX] [a] Temodal [MK]	[a] Temizole 100 [AL] [a] Temozolomide Juno [JX]

temozolomide 140 mg capsule, 5

9362R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	83.68	25.00	[a] APO-Temozolomide [TX] [a] Temodal [MK]	[a] Temizole 140 [AL] [a] Temozolomide Juno [JX]

temozolomide 20 mg capsule, 5

8379B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.08	25.00	[a] APO-Temozolomide [TX] [a] Temozolomide Juno [JX]	[a] Temizole 20 [AL]

temozolomide 250 mg capsule, 5

8381D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	134.74	25.00	[a] APO-Temozolomide [TX] [a] Temozolomide Juno [JX]	[a] Temizole 250 [AL]

temozolomide 5 mg capsule, 5

8378Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.34	20.88	[a] APO-Temozolomide [TX] [a] Temozolomide Juno [JX]	[a] Temizole 5 [AL]

temozolomide 180 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2438H NP	1	5	..	118.55	25.00	[a] APO-Temozolomide [TX]	[a] Temozolomide Juno [JX]

▪ TEMOZOLOMIDE

Note Temozolomide is not PBS-subsidised for use in conjunction with PBS-subsidised carmustine.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Glioblastoma multiforme
Treatment criteria:

- Patient must be undergoing concomitant radiotherapy, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

temozolomide 100 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8821G NP	3	2	..	*167.67	25.00	[a] APO-Temozolomide [TX] [a] Temodal [MK]	[a] Temizole 100 [AL] [a] Temozolomide Juno [JX]

temozolomide 140 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9361Q NP	3	2	..	*227.73	25.00	[a] APO-Temozolomide [TX] [a] Temodal [MK]	[a] Temizole 140 [AL] [a] Temozolomide Juno [JX]

temozolomide 20 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8820F NP	3	2	..	*49.53	25.00	[a] APO-Temozolomide [TX] [a] Temozolomide Juno [JX]	[a] Temizole 20 [AL]

temozolomide 5 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8819E NP	3	2	..	*29.31	25.00	[a] APO-Temozolomide [TX] [a] Temozolomide Juno [JX]	[a] Temizole 5 [AL]

temozolomide 180 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10062N NP	3	2	..	*336.93	25.00	[a] APO-Temozolomide [TX]	[a] Temozolomide Juno [JX]

ANTIMETABOLITES

Folic acid analogues

▪ METHOTREXATE

methotrexate 10 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14643Q NP	1	5	..	22.18	23.72	[a] Chexate [OX]	[a] Methoblastin [PF]

methotrexate 5 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2396D NP	1	..	..	42.34	25.00	DBL Methotrexate [PF]

methotrexate 50 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2395C NP	1	5	..	40.96	25.00	DBL Methotrexate [PF]

methotrexate 10 mg tablet, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2272N NP	1	3	..	26.09	25.00	[a] ARX-Methotrexate [XT] [a] Methoblastin [PF]	[a] Chexate [OX]

methotrexate 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1622J NP	1	5	..	20.02	21.56	[a] ARX-Methotrexate [XT] [a] Methoblastin [PF]	[a] Chexate [OX]

▪ METHOTREXATE

Restricted benefit
Patients requiring doses greater than 20 mg per week

methotrexate 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1623K NP	1	2	..	53.47	25.00	[a] ARX-Methotrexate [XT] [a] Methoblastin [PF]	[a] Chexate [OX]

▪ METHOTREXATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

methotrexate 50 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13882P	2	5	..	*67.56	25.00	DBL Methotrexate [PF]

Purine analogues

▪ FLUDARABINE

fludarabine phosphate 10 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9184J	1	5	..	920.46	25.00	Fludara [GZ]

▪ MERCAPTOPURINE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

mercaptopurine monohydrate 50 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1598D NP	4	2	..	*165.32	25.00	[a] ARX-Mercaptopurine [XT]	[a] MERCAPTOPURINE-LINK [LM]
			[B]7.20	*172.52	25.00	[a] Purinethol [AS]	

mercaptopurine monohydrate 20 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10214N NP	‡1	2	..	371.41	25.00	Allmercap [LM]

▪ TIOGUANINE

tioguanine 40 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1233X	1	1	..	190.09	25.00	Lanvis [AS]

Pyrimidine analogues

▪ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

Oral azacitidine should not be used interchangeably with injectable azacitidine due to differences in the exposure, dose and schedule of treatment.

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Treatment following intensive induction chemotherapy - Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have, for reasons not attributable to any cause other than AML, no more than 15% blasts in either the: (i) bone marrow, (ii) peripheral blood, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

azacitidine 200 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13623B	2	2	..	*13647.68	25.00	Onureg [BQ]

▪ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

Oral azacitidine should not be used interchangeably with injectable azacitidine due to differences in the exposure, dose and schedule of treatment.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Dose escalation therapy - Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have, in order to extend the dose schedule as per the TGA-approved Product Information, between 5% to 15% blasts in either the: (i) bone marrow, (ii) peripheral blood, in conjunction with clinical assessment, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

Authority applications must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail:

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

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

(c) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority demonstrating the blast percentage.

All reports must be documented in the patient's medical records.

azacitidine 300 mg tablet, 7

13624C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	1	..	*20416.83	25.00	Onureg [BQ]

▪ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

Oral azacitidine should not be used interchangeably with injectable azacitidine due to differences in the exposure, dose and schedule of treatment.

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Treatment following intensive induction chemotherapy - Initial treatment

Clinical criteria:

- Patient must have demonstrated either: (i) first complete remission, (ii) complete remission with incomplete blood count recovery following intensive induction chemotherapy, **AND**
- Patient must not be a candidate for, including those who choose not to proceed to, haematopoietic stem cell transplantation, **AND**
- Patient must have, at the time of induction therapy, a cytogenetic risk classified as either: (i) intermediate-risk, (ii) poor-risk, **AND**
- Patient must not have undergone a stem cell transplant, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

A complete remission is defined as: bone marrow blasts of less than 5%, absence of blasts with Auer rods, absence of extramedullary disease, independent of blood transfusions and a recovery of peripheral blood counts with peripheral neutrophil count greater than 1.0 x 10^9/L and platelet count greater than or equal to 100 x 10^9/L.

A complete remission with incomplete blood count recovery is defined as bone marrow blasts of less than 5%, absence of blasts with Auer rods, absence of extramedullary disease, independent of blood transfusions and a recovery of peripheral blood counts with peripheral neutrophil count less than 1.0 x 10^9/L or platelet count less than 100 x 10^9/L.

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Treatment following intensive induction chemotherapy - Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have, for reasons not attributable to any cause other than AML, no more than 15% blasts in either the: (i) bone marrow, (ii) peripheral blood, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

azacitidine 300 mg tablet, 7

13619T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*13647.68	25.00	Onureg [BQ]

▪ CAPECITABINE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

capecitabine 500 mg tablet, 120

8362D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	49.47	25.00	Xelabine [AL]

▪ DECITABINE + CEDAZURIDINE

Caution This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients must be avoided during treatment and for the 6-month period after cessation of treatment. Pregnancy in partners of male patients must be avoided during treatment and for the 3-month period after cessation of treatment.

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

13258

Acute Myeloid Leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

decitabine 35 mg + cedazuridine 100 mg tablet, 5

13081L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4926.36	25.00	Inqovi 35/100 [TJ]

▪ DECITABINE + CEDAZURIDINE

Caution This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients must be avoided during treatment and for the 6-month period after cessation of treatment. Pregnancy in partners of male patients must be avoided during treatment and for the 3-month period after cessation of treatment.

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

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

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 888 333.
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
PBS Authorities
GPO Box 9826
[Your capital city]

Authority required

Chronic Myelomonocytic Leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be chronic myelomonocytic leukaemia confirmed through a bone marrow biopsy report and full blood examination report, **AND**
- The condition must have 10% to 29% marrow blasts without Myeloproliferative Disorder.

No more than 3 cycles will be authorised under this restriction in a patient's lifetime.

The first authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(a) details (date, unique identifying number/code or provider number) of the bone marrow biopsy report from an Approved Pathology Authority demonstrating that the patient has chronic myelomonocytic leukaemia; and

(b) details (date, unique identifying number/code or provider number) of the full blood examination report from an Approved Pathology Authority

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

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

(a) bone marrow biopsy report demonstrating that the patient has chronic myelomonocytic leukaemia; and

(b) full blood examination report

decitabine 35 mg + cedazuridine 100 mg tablet, 5

13133F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4926.36	25.00	Inqovi 35/100 [TJ]

▪ DECITABINE + CEDAZURIDINE

Caution This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients must be avoided during treatment and for the 6-month period after cessation of treatment. Pregnancy in partners of male patients must be avoided during treatment and for the 3-month period after cessation of treatment.

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

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

Note Special Pricing Arrangements apply.

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

Authority required

Myelodysplastic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be myelodysplastic syndrome confirmed through a bone marrow biopsy report and full blood examination, **AND**
- The condition must be classified as Intermediate-2 according to the International Prognostic Scoring System (IPSS); OR
- The condition must be classified as high risk according to the International Prognostic Scoring System (IPSS), **AND**
- The condition must have up to 20% marrow blasts according to World Health Organisation (WHO) Classification.

Classification of the condition as Intermediate-2 requires a score of 1.5 to 2.0 on the IPSS, achieved with the possible combinations:

(a) 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 0 to 1 cytopenias; OR

(b) 11% to 20% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR

(c) 5% to 10% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR

(d) 5% to 10% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias; OR

(e) Less than 5% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), and 2 to 3 cytopenias.

Classification of the condition as high risk requires a score of 2.5 or more on the IPSS, achieved with the possible combinations:

(a) 11% to 20% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR

(b) 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias.

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

(a) The patient's International Prognostic Scoring System (IPSS) score.

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

(a) bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome; and

(b) full blood examination report; and

(c) pathology report detailing the cytogenetics demonstrating intermediate-2 or high-risk disease according to the International Prognostic Scoring System (IPSS).

No more than 3 cycles will be authorised under this restriction in a patient's lifetime.

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be acute myeloid leukaemia confirmed through a bone marrow biopsy report and full blood examination, **AND**
- The condition must have 20% to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification.

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

(a) bone marrow biopsy report demonstrating that the patient has acute myeloid leukaemia; and

(b) full blood examination report.

decitabine 35 mg + cedazuridine 100 mg tablet, 5

13087T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4926.36	25.00	Inqovi 35/100 [TJ]

▪ DECITABINE + CEDAZURIDINE

Caution This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients must be avoided during treatment and for the 6-month period after cessation of treatment. Pregnancy in partners of male patients must be avoided during treatment and for the 3-month period after cessation of treatment.

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

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

Note Special Pricing Arrangements apply.

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

Authority required

Myelodysplastic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

Up to 6 cycles will be authorised.

Authority required

Chronic Myelomonocytic Leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

Up to 6 cycles will be authorised.

decitabine 35 mg + cedazuridine 100 mg tablet, 5

13107W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4926.36	25.00	Inqovi 35/100 [TJ]

▪ TRIFLURIDINE + TIPIRACIL

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18518

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must have been previously treated with or not considered a candidate for treatment with fluoropyrimidine, oxaliplatin, irinotecan-based chemotherapies, an anti-vascular endothelial growth factor (anti-VEGF) agent and an anti-epidermal growth factor receptor (anti-EGFR) agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

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

Authority required (STREAMLINED)

8183

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

trifluridine 15 mg + tipiracil 6.14 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11507P	3	2	..	*2322.00	25.00	Lonsurf 15/6.14 [SE]

trifluridine 20 mg + tipiracil 8.19 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11524M	4	2	..	*4042.96	25.00	Lonsurf 20/8.19 [SE]

▪ TRIFLURIDINE + TIPIRACIL

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18515

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

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must have previously received at least two prior lines of chemotherapy that included a fluoropyrimidine, a platinum and either a taxane or irinotecan, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

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

Authority required (STREAMLINED)

10310

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

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

trifluridine 15 mg + tipiracil 6.14 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12056M	3	2	..	*2322.00	25.00	Lonsurf 15/6.14 [SE]

trifluridine 20 mg + tipiracil 8.19 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12033H	4	2	..	*4042.96	25.00	Lonsurf 20/8.19 [SE]

PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS

Vinca alkaloids and analogues

▪ VINORELBINE

Authority required

Advanced breast cancer

Clinical criteria:

- Patient must have failed standard prior therapy, which includes an anthracycline.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority required

Locally advanced or metastatic non-small cell lung cancer

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

vinorelbine 20 mg capsule, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9009E NP	20	2	..	*845.64	25.00	Velabine [XT]

vinorelbine 30 mg capsule, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9010F NP	16	2	..	*1018.52	25.00	Velabine [XT]

Podophyllotoxin derivatives

▪ ETOPOSIDE

etoposide 100 mg capsule, 10

1389D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	382.47	25.00	Vepesid [LM]

etoposide 50 mg capsule, 20

1396L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	437.69	25.00	Vepesid [LM]

PROTEIN KINASE INHIBITORS

BCR-ABL tyrosine kinase inhibitors

▪ ASCIMINIB

Note Special Pricing Arrangements apply.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)
13923
Chronic Myeloid Leukaemia (CML)
Treatment Phase: Continuing treatment for patients without T315I mutation
Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be undergoing first continuing treatment with this drug, demonstrating either (i) a major cytogenetic response (ii) a peripheral blood level of BCR-ABL of less than 1%; OR
- Patient must be undergoing subsequent continuing treatment with this drug, demonstrating a 12-month response of either (i) a major cytogenetic response (ii) a peripheral blood level of BCR-ABL of less than 1%.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

asciminib 40 mg tablet, 60

13259W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6265.11	25.00	Scemblix [NV]

▪ ASCIMINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)
13923
Chronic Myeloid Leukaemia (CML)
Treatment Phase: Continuing treatment for patients without T315I mutation
Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be undergoing first continuing treatment with this drug, demonstrating either (i) a major cytogenetic response (ii) a peripheral blood level of BCR-ABL of less than 1%; OR
- Patient must be undergoing subsequent continuing treatment with this drug, demonstrating a 12-month response of either (i) a major cytogenetic response (ii) a peripheral blood level of BCR-ABL of less than 1%.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

asciminib 20 mg tablet, 60

13268H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6265.11	25.00	Scemblix [NV]

▪ ASCIMINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note Tyrosine Kinase Inhibitors (TKI) are defined as either (i) imatinib, (ii) dasatinib, (iii) nilotinib

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

Note Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial PBS-subsidised treatment for patients without T315I mutation

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The condition must not be in the blast phase, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must have failed an adequate trial of at least two tyrosine kinase inhibitors; OR
- Patient must have experienced intolerance, not failure to respond, to at least two tyrosine kinase inhibitors; OR
- Patient must have failed an adequate trial of at least one tyrosine kinase inhibitor with intolerance to at least another tyrosine kinase inhibitor.

Failure of an adequate trial of a tyrosine kinase inhibitor is defined as:

1. Lack of response defined as either:

(i) failure to achieve a haematological response after a minimum of 3 months therapy; or

(ii) failure to achieve any cytogenetic response after a minimum of 6 months therapy as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive (Ph+) cells; or

(iii) failure to achieve or maintain a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy; OR

2. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph+ cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy; OR

3. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor (TKI) therapy; OR

4. Development of accelerated phase in a patient previously prescribed a TKI inhibitor for any phase of chronic myeloid leukaemia; OR

5. Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during TKI therapy in patients with accelerated phase chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

asciminib 20 mg tablet, 60

13248G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6265.11	25.00	Scemblix [NV]

asciminib 40 mg tablet, 60

13264D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6265.11	25.00	Scemblix [NV]

▪ ASCIMINIB

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

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

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial PBS-subsidised treatment for patients with T315I mutation

Clinical criteria:

- The condition must not be in the blast phase, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be expressing the T315I mutation confirmed through a bone marrow biopsy pathology report, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must have failed an adequate trial of at least one tyrosine kinase inhibitor as confirmed through a pathology report from an Approved Pathology Authority; OR
- Patient must have experienced intolerance, not failure to respond, to at least one tyrosine kinase inhibitor as confirmed through a pathology report from an Approved Pathology Authority.

Failure of an adequate trial of a tyrosine kinase inhibitor is defined as:

1. Lack of response defined as either:

(i) failure to achieve a haematological response after a minimum of 3 months therapy; or

(ii) failure to achieve any cytogenetic response after a minimum of 6 months therapy as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive (Ph+) cells; or

(iii) failure to achieve or maintain a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy; OR

2. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph+ cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy; OR

3. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor (TKI) therapy; OR

4. Development of accelerated phase in a patient previously prescribed a TKI inhibitor for any phase of chronic myeloid leukaemia; OR

5. Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during TKI therapy in patients with accelerated phase chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code or provider number) of a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome; or

(ii) details (date, unique identifying number/code or provider number) of a bone marrow biopsy/peripheral blood pathology report demonstrating RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale; and

(iii) details (date, unique identifying number/code or provider number) of a bone marrow biopsy pathology report demonstrating evidence of the T315I mutation; and

(iv) where there has been a loss of response to imatinib or dasatinib or nilotinib, details (date, unique identifying number/code or provider number) of the confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Patients are eligible for PBS-subsidised treatment with only one of imatinib, dasatinib, nilotinib, ponatinib or asciminib at any one time and must not be receiving concomitant interferon alfa therapy

Up to a maximum of 18 months of treatment may be authorised under this initial restriction.

Note Tyrosine Kinase Inhibitors (TKI) are defined as either (i) imatinib, (ii) dasatinib, (iii) nilotinib, (iv) ponatinib

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing Treatment for patients with T315I mutation

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**

- Patient must be undergoing first continuing treatment with this drug, demonstrating either (i) a major cytogenetic response (ii) a peripheral blood level of BCR-ABL of less than 1%; OR
- Patient must be undergoing subsequent continuing treatment with this drug, demonstrating a 12-month response of either (i) a major cytogenetic response (ii) a peripheral blood level of BCR-ABL of less than 1%.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

The continuing application for authorisation must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority demonstrating a major cytogenetic response [see Note explaining definitions of response]; or

(ii) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority demonstrating a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining definitions of response].

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Patients are eligible for PBS-subsidised treatment with only one of imatinib, dasatinib, nilotinib, ponatinib or asciminib at any one time and must not be receiving concomitant interferon alfa therapy

asciminib 40 mg tablet, 60

13260X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	5	..	*30888.09	25.00	Scemblix [NV]

▪ DASATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - THIRD-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia (CML) in the third-line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib.
Patients are eligible for PBS-subsidised third-line treatment of CML if they have experienced treatment failure in the second-line treatment setting.
Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib if they have not failed prior PBS-subsidised treatment with either dasatinib or nilotinib in the first-line or second-line treatment setting. Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent and may only occur for reasons of intolerance.
Dasatinib is PBS-subsidised for all phases of CML (chronic, accelerated and blast phase) in the third-line treatment setting.
Nilotinib is PBS-subsidised for chronic and accelerated phase CML in the third-line setting. Nilotinib is not approved for patients in blast crisis in any (first, second, third-line) treatment setting.
Imatinib is not approved for third-line treatment of CML.
1. Initial third-line treatment
Third-line treatment with a TKI can only be approved when imatinib has been used for first-line treatment. Patients will only be approved for PBS-subsidised treatment with one third-line agent.
2. Continuing treatment for third-line treatment
For continuing applications, patients must demonstrate response to PBS-subsidised treatment as follows:
(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) has been demonstrated may receive authorisation for a further 12 months of treatment; and
(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.
All pathology reports must be documented in the patient's medical records.
3. Authority approval requirements
Response criteria to initial treatment with dasatinib or nilotinib:
For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the result must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by

at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required (STREAMLINED)

17833

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment - third-line therapy

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug as a third-line therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

dasatinib 100 mg tablet, 30

12842X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 20 mg tablet, 60

12888H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	252.47	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 50 mg tablet, 60

12857Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 70 mg tablet, 60

12866E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	505.09	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

▪ DASATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial First-line treatment

A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.

During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.

2. Continuing First-line treatment

Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for

prescription of second-line agents.
Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements
Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required (STREAMLINED)

17822

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment - first-line therapy

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received initial PBS-subsidised treatment with this drug as a first-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised first-line treatment with imatinib for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised first-line treatment with nilotinib for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

dasatinib 100 mg tablet, 30

12889J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 20 mg tablet, 60

12869H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	252.47	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 50 mg tablet, 60

12843Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 70 mg tablet, 60

12890K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	505.09	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

▪ DASATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - THIRD-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia (CML) in the third-line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib.
Patients are eligible for PBS-subsidised third-line treatment of CML if they have experienced treatment failure in the second-line treatment setting.
Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib if they have not failed prior PBS-subsidised treatment with either dasatinib or nilotinib in the first-line or second-line treatment setting. Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent and may only occur for reasons of intolerance.
Dasatinib is PBS-subsidised for all phases of CML (chronic, accelerated and blast phase) in the third-line treatment setting.
Nilotinib is PBS-subsidised for chronic and accelerated phase CML in the third-line setting. Nilotinib is not approved for patients in blast crisis in any (first, second, third-line) treatment setting.
Imatinib is not approved for third-line treatment of CML.
1. Initial third-line treatment
Third-line treatment with a TKI can only be approved when imatinib has been used for first-line treatment. Patients will only be approved for PBS-subsidised treatment with one third-line agent.
2. Continuing treatment for third-line treatment
For continuing applications, patients must demonstrate response to PBS-subsidised treatment as follows:
(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) has been demonstrated may receive authorisation for a further 12 months of treatment; and
(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.
All pathology reports must be documented in the patient's medical records.
3. Authority approval requirements
Response criteria to initial treatment with dasatinib or nilotinib:
For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the result must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - third-line therapy

Clinical criteria:

- The condition must be in the chronic phase; OR
- The condition must be in the accelerated phase; OR
- The condition must be in the blast phase, **AND**
- Patient must not have failed PBS-subsidised treatment with this drug for this condition in the first-line setting; OR
- Patient must not have failed PBS-subsidised treatment with this drug for this condition in the second-line setting, **AND**
- Patient must have documented failure with an adequate trial of PBS-subsidised first-line treatment with imatinib for this condition, **AND**
- Patient must have failed an adequate trial of PBS-subsidised second-line treatment with nilotinib for this condition, **AND**

- The treatment must not exceed a total maximum of 18 months of therapy with PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Failure of an adequate trial of nilotinib is defined as:

(i) Lack of response to second line nilotinib therapy, defined as either:

- failure to achieve a haematological response after a minimum of 3 months therapy with nilotinib for patients initially treated in chronic phase; or

- failure to achieve any cytogenetic response after a minimum of 6 months therapy with nilotinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or

- failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with nilotinib; OR

ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing nilotinib therapy; OR

(iii) Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing nilotinib therapy; OR

(iv) Development of accelerated phase or blast crisis in a patient previously prescribed nilotinib for any phase of chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

(3) Peripheral basophils greater than or equal to 20%; or

(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome); OR

Blast crisis is defined as either:

(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

(2) Extramedullary involvement other than spleen and liver; OR

(v) Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia.

Patients should be commenced on a dose of dasatinib of at least 100 mg (base) daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to dasatinib therapy or a peripheral blood BCR-ABL level of less than 1% within 18 months and thereafter at 12 monthly intervals.

A bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale either on peripheral blood or bone marrow must be documented in the patient's medical records.

Pathology report(s) confirming a loss of response to imatinib and nilotinib, from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement must be documented in the patient's medical records.

dasatinib 100 mg tablet, 30

12902C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 20 mg tablet, 60

12849G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	252.47	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 50 mg tablet, 60

12865D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 70 mg tablet, 60

12886F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	505.09	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

▪ DASATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - SECOND-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia (CML) in the second-line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib.
Patients are eligible for PBS-subsidised second-line treatment of CML if they have experienced treatment failure in the first-line treatment setting.
Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib if they have not failed prior PBS-subsidised treatment with either dasatinib or nilotinib in the first-line treatment setting. Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent and may only occur for reasons of intolerance.
Dasatinib is PBS-subsidised for all phases of CML (chronic, accelerated and blast phase) in the second-line treatment setting.
Nilotinib is PBS-subsidised for chronic and accelerated phase CML in the second-line setting. Nilotinib is not approved for patients in blast crisis in any (first, second, third-line) treatment setting.
Imatinib is not approved for second-line treatment of CML.
1. Initial second-line treatment
A patient will be able to be prescribed either dasatinib or nilotinib within the initial 18 month treatment period as second-line therapy, as long as only one agent is approved at a time and providing the patient did not fail that drug as first-line therapy. During the initial 18 month treatment period, switching between approved second-line agents may only occur for reasons of intolerance, not failure of response.
2. Continuing treatment for second-line treatment
For continuing applications, patients must demonstrate response to PBS-subsidised treatment as follows:
(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108:28-37,2006) has been demonstrated may receive authorisation for a further 12 months of treatment; and
(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.
All pathology reports must be documented in the patient's medical records.
During second line continuing treatment beyond the initial 18 month treatment period, switching between approved second line TKI agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of a third line agent.
3. Authority approval requirements
Response criteria to initial treatment with dasatinib or nilotinib:
For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required (STREAMLINED)

17922

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment - second-line therapy

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug as a second-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to PBS-subsidised second-line treatment with nilotinib for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR

- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

dasatinib 100 mg tablet, 30

12859T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 20 mg tablet, 60

12850H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	252.47	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 50 mg tablet, 60

12860W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 70 mg tablet, 60

12903D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	505.09	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

▪ DASATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial First-line treatment

A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.

During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.

2. Continuing First-line treatment

Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.

Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.

3. Authority approval requirements

Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the

biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the chronic phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised first-line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with imatinib as a first-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with nilotinib as a first-line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of dasatinib of 100 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to dasatinib therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

dasatinib 100 mg tablet, 30

1416M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 20 mg tablet, 60

1354G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	252.47	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 50 mg tablet, 60

1381Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 70 mg tablet, 60

1415L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	505.09	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

▪ DASATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - SECOND-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia (CML) in the second-line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib.
Patients are eligible for PBS-subsidised second-line treatment of CML if they have experienced treatment failure in the first-line treatment setting.
Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib if they have not failed prior PBS-subsidised treatment with either dasatinib or nilotinib in the first-line treatment setting. Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent and may only occur for reasons of intolerance.
Dasatinib is PBS-subsidised for all phases of CML (chronic, accelerated and blast phase) in the second-line treatment setting.
Nilotinib is PBS-subsidised for chronic and accelerated phase CML in the second-line setting. Nilotinib is not approved for patients in blast crisis in any (first, second, third-line) treatment setting.
Imatinib is not approved for second-line treatment of CML.
1. Initial second-line treatment
A patient will be able to be prescribed either dasatinib or nilotinib within the initial 18 month treatment period as second-line therapy, as long as only one agent is approved at a time and providing the patient did not fail that drug as first-line therapy. During the initial 18 month treatment period, switching between approved second-line agents may only occur for reasons of intolerance, not failure of response.
2. Continuing treatment for second-line treatment
For continuing applications, patients must demonstrate response to PBS-subsidised treatment as follows:
(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108:28-37,2006) has been demonstrated may receive authorisation for a further 12 months of treatment; and
(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.
All pathology reports must be documented in the patient's medical records.
During second line continuing treatment beyond the initial 18 month treatment period, switching between approved second line TKI agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of a third line agent.
3. Authority approval requirements
Response criteria to initial treatment with dasatinib or nilotinib:
For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - second-line therapy

Clinical criteria:

- The condition must be in the chronic phase; OR
- The condition must be in the accelerated phase; OR
- The condition must be in the blast phase, **AND**
- Patient must not have failed PBS-subsidised treatment with this drug for this condition in the first-line setting, **AND**
- Patient must have failed an adequate trial of PBS-subsidised first-line treatment with imatinib for this condition; OR
- Patient must have failed an adequate trial of PBS-subsidised first-line treatment with nilotinib for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to PBS-subsidised second-line treatment with nilotinib for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**

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

Failure of an adequate trial of imatinib or nilotinib is defined as:

(i) Lack of response to initial imatinib or nilotinib therapy, defined as either:

- failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or nilotinib for patients initially treated in chronic phase; or

- failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or nilotinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or

- failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or nilotinib; OR

(ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or nilotinib therapy; OR

(iii) Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or nilotinib therapy; OR

(iv) Development of accelerated phase or blast crisis in a patient previously prescribed imatinib or nilotinib for any phase of chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

(3) Peripheral basophils greater than or equal to 20%; or

(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome);

Blast crisis is defined as either:

(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

(2) Extramedullary involvement other than spleen and liver; OR

(v) Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during first-line imatinib or nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia.

Patients should be commenced on a dose of dasatinib of at least 100 mg (base) daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to dasatinib therapy or a peripheral blood BCR-ABL level of less than 1% within 18 months and thereafter at 12 monthly intervals.

A bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale either on peripheral blood or bone marrow must be documented in the patient's medical records.

Pathology report(s) confirming a loss of response to imatinib or nilotinib, from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement must be documented in the patient's medical records.

dasatinib 100 mg tablet, 30

9342Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 20 mg tablet, 60

2478K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	252.47	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 50 mg tablet, 60

2482P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 70 mg tablet, 60

2485T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	505.09	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

▪ DASATINIB

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

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have failed treatment with chemotherapy, **AND**
- Patient must have failed treatment with imatinib, **AND**
- Patient must have failed an allogeneic haemopoietic stem cell transplantation if applicable.

Treatment criteria:

- Must be treated by a medical practitioner.

Failure of treatment is defined as either:

(i) Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy and imatinib;

(ii) Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy and imatinib;

(iii) Morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells expressing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

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

(a) details of the proposed prescription; and

(b) a completed Acute Lymphoblastic Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and

(c) a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided.

Note Dasatinib will only be subsidised for patients with acute lymphoblastic leukaemia who are not receiving concomitant PBS-subsidised imatinib mesilate and who are not appropriate for an allogeneic haemopoietic stem cell transplant.

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

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition as second-line therapy following treatment with imatinib, **AND**
- The condition must not have progressed.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Dasatinib will only be subsidised for patients with acute lymphoblastic leukaemia who are not receiving concomitant PBS-subsidised imatinib mesilate and who are not appropriate for an allogeneic haemopoietic stem cell transplant.

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

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Induction and Consolidation therapy

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**

- Patient must not have previously experienced a failure to respond to the PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with imatinib as a first-line therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner.

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

(a) details of the proposed prescription; and

(b) a completed Acute Lymphoblastic Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and

(c) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia to confirm eligibility for treatment, with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow. (The date of the relevant pathology report needs to be provided).

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

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

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Maintenance of first complete remission

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with imatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug that is occurring within the first 24 months from the first administered dose; OR
- Patient must be undergoing treatment with this drug that is occurring beyond the first 24 months from the first administered dose - the patient meets the conditions as outlined below, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Conditions for PBS-subsidy beyond 24 months of treatment:

On the first occasion an authority application extends PBS-subsidy beyond 24 months, confirm that:

1) The condition is expressing the Philadelphia chromosome,

2) Measurable residual disease (MRD) is present,

3) MRD has been confirmed in at least one of: (i) marrow, (ii) peripheral blood,

4) MRD has been confirmed within the preceding 6 months of this authority application,

5) MRD has been ascertained by at least one of: (i) a molecular method, (ii) flow cytometry,

6) Allogenic stem cell transplantation is considered by the prescriber to be unsuitable for the patient.

For any subsequent authority application beyond the 24 month time mark, confirm that MRD has been detected within the preceding 12 months of this subsequent authority application. Where MRD has since become undetectable, confirm that PBS-subsidy has not exceeded a further 12 months duration from the date that MRD became undetectable.

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

---

dasatinib 100 mg tablet, 30

9343R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	409.77	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ] [a] DASATINIB-TEVA [TB] [a] Sprycel [BQ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA] [a] Dasatinib Viatris [AL]

dasatinib 20 mg tablet, 60

9125G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	252.47	25.00	[a] Dasatinib ARX [XT] [a] Dasatinib Sandoz [SZ]	[a] Dasatinib Dr.Reddy's [RI] [a] Dasatinib SUN [RA]

						[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
						[a] Sprycel [BQ]	

dasatinib 50 mg tablet, 60

9126H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	409.77	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
					[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
					[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
					[a] Sprycel [BQ]	

dasatinib 70 mg tablet, 60

9127J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	505.09	25.00	[a] Dasatinib ARX [XT]	[a] Dasatinib Dr.Reddy's [RI]
					[a] Dasatinib Sandoz [SZ]	[a] Dasatinib SUN [RA]
					[a] DASATINIB-TEVA [TB]	[a] Dasatinib Viatris [AL]
					[a] Sprycel [BQ]	

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority required

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by standard karyotyping; OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by fluorescence in situ hybridization (FISH); OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by PDGFRB fusion gene transcript, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with cytarabine; OR
- Patient must have previously failed an adequate trial of conventional therapy with etoposide; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A bone marrow biopsy report demonstrating the presence of a myelodysplastic or myeloproliferative disorder, a pathology report confirming the platelet-derived growth factor receptor (PDGFR) gene re-arrangement and details of the prior trialled therapy and the response must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10918P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

9176Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority required

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with corticosteroids; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a bone marrow biopsy report and/or other tissue biopsy report confirming the diagnosis of aggressive systemic mastocytosis and a full blood examination report demonstrating eosinophilia must be documented in the patient's medical records.

The details of symptomatic organ involvement requiring treatment, including radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10921T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]
					[a] Imatinib GH [GQ]	

imatinib 400 mg tablet, 30

9179D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority required

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a full blood examination report and details of organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10925B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

9175X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority required

Dermatofibrosarcoma protuberans

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Details of unresectable tumour or site of the local recurrence or site(s) of metastatic disease must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10933K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

9173T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority required

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by standard karyotyping; OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by fluorescence in situ hybridization (FISH); OR

- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by PDGFRB fusion gene transcript, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with cytarabine; OR
- Patient must have previously failed an adequate trial of conventional therapy with etoposide; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A bone marrow biopsy report demonstrating the presence of a myelodysplastic or myeloproliferative disorder, a pathology report confirming the platelet-derived growth factor receptor (PDGFR) gene re-arrangement and details of the prior trialled therapy and the response must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10939R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

9177B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority required

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with corticosteroids; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a bone marrow biopsy report and/or other tissue biopsy report confirming the diagnosis of aggressive systemic mastocytosis and a full blood examination report demonstrating eosinophilia must be documented in the patient's medical records.

The details of symptomatic organ involvement requiring treatment, including radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10940T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

9178C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority required

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a full blood examination report and details of organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10941W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

9174W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR] [a] Imanib [AF]	[a] Glivec [NV] [a] IMATINIB RBX [RA]

					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority required

Dermatofibrosarcoma protuberans

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Details of unresectable tumour or site of the local recurrence or site(s) of metastatic disease must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10942X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

9172R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)

17884

Dermatofibrosarcoma protuberans

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to the PBS-subsidised treatment, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

11776T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11753N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)

17960

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Continuing treatment

Clinical criteria:

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

- The condition must be PDGFRB fusion gene-positive, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

11756R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

11765F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)

17960

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be PDGFRB fusion gene-positive, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

11757T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11769K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)

17885

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response, with a normal eosinophil count and a statement that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

11763D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

11758W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)

17887

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

11777W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11762C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)

17884

Dermatofibrosarcoma protuberans

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to the PBS-subsidised treatment, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

11764E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

						[a] Imatinib GH [GQ]	

NP imatinib 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11786H NP	1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)

17885

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response, with a normal eosinophil count and a statement that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11770L NP	1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11781C NP	1	5	..	97.83	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)

17887

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11779Y NP	1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11785G NP	1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

17890

Gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy), **AND**
- Patient must have previously been issued with an authority prescription for imatinib for adjuvant treatment following complete resection of primary GIST.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

imatinib 100 mg capsule, 60

12710Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11784F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

17890

Gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy), **AND**
- Patient must have previously been issued with an authority prescription for imatinib for adjuvant treatment following complete resection of primary GIST.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

imatinib 400 mg capsule, 30

12711B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

11788K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

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

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Authority required

Gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy).

High risk of recurrence is defined as:

Primary GIST greater than 5 cm with a mitotic count of greater than 5/50 high power fields (HPF); or

Primary GIST greater than 10 cm with any mitotic rate; or

Primary GIST with a mitotic count of greater than 10/50 HPF.

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

The pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection, which must not be more than 3 months prior to treatment initiation must be recorded in the patient's medical records.

imatinib 400 mg capsule, 30

12681K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

5444M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

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

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Authority required

Gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy).

High risk of recurrence is defined as:

Primary GIST greater than 5 cm with a mitotic count of greater than 5/50 high power fields (HPF); or

Primary GIST greater than 10 cm with any mitotic rate; or

Primary GIST with a mitotic count of greater than 10/50 HPF.

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

The pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection, which must not be more than 3 months prior to treatment initiation must be recorded in the patient's medical records.

imatinib 100 mg capsule, 60

12759M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

5443L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

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

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

Authority required (STREAMLINED)

17886

Malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given at a dose not exceeding 600 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

imatinib 600 mg tablet, 30

12919Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	544.47	25.00	Imatab [JU]

▪ IMATINIB

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

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

Authority required (STREAMLINED)

17884

Dermatofibrosarcoma protuberans

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to the PBS-subsidised treatment, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

12923E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	544.47	25.00	Imatab [JU]

▪ IMATINIB

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

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

Authority required

Dermatofibrosarcoma protuberans

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Details of unresectable tumour or site of the local recurrence or site(s) of metastatic disease must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

12927J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	544.47	25.00	Imatab [JU]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial First-line treatment

A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.

During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.

2. Continuing First-line treatment

Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.

Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.

3. Authority approval requirements

Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.

5. Definitions of loss of response

Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- The condition must be a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the chronic phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with nilotinib as a first-line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of imatinib mesilate of 400 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to imatinib mesilate therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report

documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10915L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

9113P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial First-line treatment

A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.

During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.

2. Continuing First-line treatment

Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.

Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.

3. Authority approval requirements

Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.

5. Definitions of loss of response

Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- The condition must be a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the chronic phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with nilotinib as a first-line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of imatinib mesilate of 400 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to imatinib mesilate therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10916M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

9114Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment
A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.
During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.
For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.
Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements
Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of

fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.

5. Definitions of loss of response

Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)

17889

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment - first-line therapy

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received initial continuing PBS-subsidised treatment with this drug as a first-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised first-line treatment with dasatinib for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised first-line treatment with nilotinib for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

11772N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

11752M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

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

Authority required (STREAMLINED)

17826

Acute lymphoblastic leukaemia

Treatment Phase: Maintenance of first complete remission

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with dasatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine, **AND**
- Patient must be undergoing treatment with this drug that is occurring within the first 24 months from the first administered dose; OR
- Patient must be undergoing treatment with this drug that is occurring beyond the first 24 months from the first administered dose - the patient meets the conditions as outlined below.

Conditions for PBS-subsidy beyond 24 months of treatment:

On the first occasion an authority application extends PBS-subsidy beyond 24 months, by annotating the prescription with the Streamlined Authority Required code, the prescriber is declaring that:

1) The condition is expressing the Philadelphia chromosome,

2) Measurable residual disease (MRD) is present,

3) MRD has been confirmed in at least one of: (i) marrow, (ii) peripheral blood,

4) MRD has been confirmed within the preceding months of this authority application,

5) MRD has been ascertained by at least one of: (i) a molecular method, (ii) flow cytometry,

6) Allogenic stem cell transplantation is considered by the prescriber to be unsuitable for the patient.

For any subsequent authority application beyond the 24 month time mark, confirm that MRD has been detected within the preceding 12 months of this subsequent authority application. Where MRD has since become undetectable, confirm that PBS-subsidy has not exceeded a further 12 months duration from the date that MRD became undetectable.

imatinib 400 mg capsule, 30

11771M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

11789L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial First-line treatment

A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.

During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.

2. Continuing First-line treatment

Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.

Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.

3. Authority approval requirements

Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the

biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)

17889

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment - first-line therapy

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received initial continuing PBS-subsidised treatment with this drug as a first-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised first-line treatment with dasatinib for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised first-line treatment with nilotinib for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

11782D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11775R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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

Authority required (STREAMLINED)

17886

Malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given at a dose not exceeding 600 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

imatinib 400 mg capsule, 30

12723P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

11778X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

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

Authority required (STREAMLINED)

17826

Acute lymphoblastic leukaemia

Treatment Phase: Maintenance of first complete remission

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with dasatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine, **AND**
- Patient must be undergoing treatment with this drug that is occurring within the first 24 months from the first administered dose; OR
- Patient must be undergoing treatment with this drug that is occurring beyond the first 24 months from the first administered dose - the patient meets the conditions as outlined below.

Conditions for PBS-subsidy beyond 24 months of treatment:

On the first occasion an authority application extends PBS-subsidy beyond 24 months, by annotating the prescription with the Streamlined Authority Required code, the prescriber is declaring that:

1) The condition is expressing the Philadelphia chromosome,

2) Measurable residual disease (MRD) is present,

3) MRD has been confirmed in at least one of: (i) marrow, (ii) peripheral blood,

4) MRD has been confirmed within the preceding months of this authority application,

5) MRD has been ascertained by at least one of: (i) a molecular method, (ii) flow cytometry,

6) Allogenic stem cell transplantation is considered by the prescriber to be unsuitable for the patient.

For any subsequent authority application beyond the 24 month time mark, confirm that MRD has been detected within the preceding 12 months of this subsequent authority application. Where MRD has since become undetectable, confirm that PBS-subsidy has not exceeded a further 12 months duration from the date that MRD became undetectable.

imatinib 100 mg capsule, 60

11783E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11780B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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

Authority required (STREAMLINED)

17886

Malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given at a dose not exceeding 600 mg per day.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

imatinib 100 mg capsule, 60

12722N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11787J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

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

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

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Authority required

Malignant gastrointestinal stromal tumour

Treatment Phase: Initial Treatment

Clinical criteria:

- The condition must be metastatic; OR
- The condition must be unresectable, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must be commenced at a dose not exceeding 400 mg per day, **AND**
- The treatment must not exceed 3 months under this restriction.

Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

Details of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease must be documented in the patient's medical records.

Where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

12709X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

9111M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]

					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

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

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

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Authority required

Malignant gastrointestinal stromal tumour

Treatment Phase: Initial Treatment

Clinical criteria:

- The condition must be metastatic; OR
- The condition must be unresectable, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must be commenced at a dose not exceeding 400 mg per day, **AND**
- The treatment must not exceed 3 months under this restriction.

Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

Details of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease must be documented in the patient's medical records.

Where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12754G	1	2	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9112N	1	2	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

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

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

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

Authority required

Malignant gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be metastatic; OR
- The condition must be unresectable, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The condition must have not achieved a response with this drug at a dose of 400 mg per day, **AND**
- The treatment must not exceed 3 months under this restriction.

Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

Details of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease must be documented in the patient's medical records.

Where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

12926H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	544.47	25.00	Imatab [JU]

▪ IMATINIB

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

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

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Induction and Consolidation therapy

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised first-line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first-line therapy for this condition.

A pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10917N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

9124F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

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

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- The condition must be a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- The condition must be a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10920R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

9115R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

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

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Induction and Consolidation therapy

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised first-line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first-line therapy for this condition.

A pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10924Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

9123E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

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

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- The condition must be a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- The condition must be a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10935M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

9116T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

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

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

Authority required (STREAMLINED)

17829

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug as a first-line therapy for this condition, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority required (STREAMLINED)

17830

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug as a first-line therapy for this condition, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

imatinib 400 mg capsule, 30

11870R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	184.64	25.00	[a] ARX-IMATINIB [XT] [a] Imatinib GH [GQ]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

11878E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	184.64	25.00	[a] Gilmat [CR] [a] Imanib [AF] [a] Imatinib Sandoz [SZ]	[a] Glivec [NV] [a] IMATINIB RBX [RA] [a] Imatinib-Teva [TB]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

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

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

Authority required (STREAMLINED)

17829

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug as a first-line therapy for this condition, **AND**

- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority required (STREAMLINED)

17830

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug as a first-line therapy for this condition, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

imatinib 100 mg capsule, 60

11875B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] ARX-IMATINIB [XT]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11880G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	97.83	25.00	[a] Gilmat [CR]	[a] Glivec [NV]
					[a] Imanib [AF]	[a] IMATINIB RBX [RA]
					[a] Imatinib Sandoz [SZ]	[a] Imatinib-Teva [TB]

▪ IMATINIB

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

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

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

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

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Induction and Consolidation therapy

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised first-line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first-line therapy for this condition.

A pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

12911M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	544.47	25.00	Imatab [JU]

▪ IMATINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment

A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.
During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.
For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.
Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements
Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

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

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

Authority required (STREAMLINED)

17889

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment - first-line therapy

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received initial continuing PBS-subsidised treatment with this drug as a first-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised first-line treatment with dasatinib for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised first-line treatment with nilotinib for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

12912N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	544.47	25.00	Imatab [JU]

▪ IMATINIB

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

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

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

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

Authority required (STREAMLINED)

17826

Acute lymphoblastic leukaemia

Treatment Phase: Maintenance of first complete remission

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with dasatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine, **AND**
- Patient must be undergoing treatment with this drug that is occurring within the first 24 months from the first administered dose; OR
- Patient must be undergoing treatment with this drug that is occurring beyond the first 24 months from the first administered dose - the patient meets the conditions as outlined below.

Conditions for PBS-subsidy beyond 24 months of treatment:

On the first occasion an authority application extends PBS-subsidy beyond 24 months, by annotating the prescription with the Streamlined Authority Required code, the prescriber is declaring that:

1) The condition is expressing the Philadelphia chromosome,

2) Measurable residual disease (MRD) is present,

3) MRD has been confirmed in at least one of: (i) marrow, (ii) peripheral blood,

4) MRD has been confirmed within the preceding months of this authority application,

5) MRD has been ascertained by at least one of: (i) a molecular method, (ii) flow cytometry,

6) Allogenic stem cell transplantation is considered by the prescriber to be unsuitable for the patient.

For any subsequent authority application beyond the 24 month time mark, confirm that MRD has been detected within the preceding 12 months of this subsequent authority application. Where MRD has since become undetectable, confirm that PBS-subsidy has not exceeded a further 12 months duration from the date that MRD became undetectable.

imatinib 600 mg tablet, 30

12920B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	544.47	25.00	Imatab [JU]

NP

▪ IMATINIB

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

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

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

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- The condition must be a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- The condition must be a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

12924F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	544.47	25.00	Imatab [JU]

▪ IMATINIB

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

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

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

Authority required (STREAMLINED)

17829

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug as a first-line therapy for this condition, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority required (STREAMLINED)

17830

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug as a first-line therapy for this condition, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

imatinib 600 mg tablet, 30

12928K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	544.47	25.00	Imatab [JU]

▪ IMATINIB

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

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

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

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.

Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial First-line treatment

A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.

During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.

2. Continuing First-line treatment

Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.

For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.

During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.

Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.

3. Authority approval requirements

Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.

5. Definitions of loss of response

Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- The condition must be a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the chronic phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**

- Patient must not have previously experienced a failure to respond to PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with nilotinib as a first-line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of imatinib mesilate of 400 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to imatinib mesilate therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

imatinib 600 mg tablet, 30

12935T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	544.47	25.00	Imatab [JU]

▪ NILOTINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - SECOND-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia (CML) in the second-line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib.
Patients are eligible for PBS-subsidised second-line treatment of CML if they have experienced treatment failure in the first-line treatment setting.
Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib if they have not failed prior PBS-subsidised treatment with either dasatinib or nilotinib in the first-line treatment setting. Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent and may only occur for reasons of intolerance.
Dasatinib is PBS-subsidised for all phases of CML (chronic, accelerated and blast phase) in the second-line treatment setting.
Nilotinib is PBS-subsidised for chronic and accelerated phase CML in the second-line setting. Nilotinib is not approved for patients in blast crisis in any (first, second, third-line) treatment setting.
Imatinib is not approved for second-line treatment of CML.
1. Initial second-line treatment
A patient will be able to be prescribed either dasatinib or nilotinib within the initial 18 month treatment period as second-line therapy, as long as only one agent is approved at a time and providing the patient did not fail that drug as first-line therapy. During the initial 18 month treatment period, switching between approved second-line agents may only occur for reasons of intolerance, not failure of response.
2. Continuing treatment for second-line treatment
For continuing applications, patients must demonstrate response to PBS-subsidised treatment as follows:
(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108:28-37,2006) has been demonstrated may receive authorisation for a further 12 months of treatment; and
(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.
All pathology reports must be documented in the patient's medical records.
During second line continuing treatment beyond the initial 18 month treatment period, switching between approved second line TKI agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of a third line agent.
3. Authority approval requirements
Response criteria to initial treatment with dasatinib or nilotinib:
For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required (STREAMLINED)

17895

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment - second-line therapy

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug as a second-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to PBS-subsidised second-line treatment with dasatinib for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

nilotinib 200 mg capsule, 120

12858R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3822.52	25.00	Tasigna [NV]

▪ NILOTINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - THIRD-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia (CML) in the third-line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib.
Patients are eligible for PBS-subsidised third-line treatment of CML if they have experienced treatment failure in the second-line treatment setting.
Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib if they have not failed prior PBS-subsidised treatment with either dasatinib or nilotinib in the first-line or second-line treatment setting. Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent and may only occur for reasons of intolerance.
Dasatinib is PBS-subsidised for all phases of CML (chronic, accelerated and blast phase) in the third-line treatment setting. Nilotinib is PBS-subsidised for chronic and accelerated phase CML in the third-line setting. Nilotinib is not approved for patients in blast crisis in any (first, second, third-line) treatment setting.
Imatinib is not approved for third-line treatment of CML.
1. Initial third-line treatment
Third-line treatment with a TKI can only be approved when imatinib has been used for first-line treatment. Patients will only be approved for PBS-subsidised treatment with one third-line agent.
2. Continuing treatment for third-line treatment
For continuing applications, patients must demonstrate response to PBS-subsidised treatment as follows:
(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) has been demonstrated may receive authorisation for a further 12 months of treatment; and
(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.
All pathology reports must be documented in the patient's medical records.
3. Authority approval requirements
Response criteria to initial treatment with dasatinib or nilotinib:
For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the result must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of

treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required (STREAMLINED)

17833

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment - third-line therapy

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug as a third-line therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

nilotinib 200 mg capsule, 120

12867F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3822.52	25.00	Tasigna [NV]

▪ NILOTINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment
A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.
During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.
For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.
Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements
Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of

treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required (STREAMLINED)

18010

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment - first-line therapy

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received initial PBS-subsidised treatment with this drug as a first-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised first-line treatment with imatinib for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised first-line treatment with dasatinib for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

nilotinib 150 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12868G NP	1	5	..	2917.49	25.00	Tasigna [NV]

▪ NILOTINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment
A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.
During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.
For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.
Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements
Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted

and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required (STREAMLINED)

12549

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Grandfather treatment for patients initiated with nilotinib 200 mg prior to 1 April 2012 as first-line therapy

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received PBS-subsidised treatment with nilotinib 200mg as a first-line therapy for this condition prior to 1 April 2012, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

nilotinib 200 mg capsule, 120

12885E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3822.52	25.00	Tasigna [NV]

▪ NILOTINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - THIRD-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia (CML) in the third-line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib.
Patients are eligible for PBS-subsidised third-line treatment of CML if they have experienced treatment failure in the second-line treatment setting.
Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib if they have not failed prior PBS-subsidised treatment with either dasatinib or nilotinib in the first-line or second-line treatment setting. Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent and may only occur for reasons of intolerance.
Dasatinib is PBS-subsidised for all phases of CML (chronic, accelerated and blast phase) in the third-line treatment setting.
Nilotinib is PBS-subsidised for chronic and accelerated phase CML in the third-line setting. Nilotinib is not approved for patients in blast crisis in any (first, second, third-line) treatment setting.
Imatinib is not approved for third-line treatment of CML.
1. Initial third-line treatment
Third-line treatment with a TKI can only be approved when imatinib has been used for first-line treatment. Patients will only be approved for PBS-subsidised treatment with one third-line agent.
2. Continuing treatment for third-line treatment
For continuing applications, patients must demonstrate response to PBS-subsidised treatment as follows:
(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) has been demonstrated may receive authorisation for a further 12 months of treatment; and
(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.
All pathology reports must be documented in the patient's medical records.
3. Authority approval requirements
Response criteria to initial treatment with dasatinib or nilotinib:
For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the result must be documented in the patient's medical records. For bone marrow analyses, where

the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.

5. Definitions of loss of response

Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - third-line therapy

Clinical criteria:

- The condition must be in the chronic phase; OR
- The condition must be in the accelerated phase, **AND**
- Patient must not have failed PBS-subsidised treatment with this drug for this condition in the first-line setting; OR
- Patient must not have failed PBS-subsidised treatment with this drug for this condition in the second-line setting, **AND**
- Patient must have documented failure with an adequate trial of PBS-subsidised first-line treatment with imatinib for this condition, **AND**
- Patient must have failed an adequate trial of PBS-subsidised second-line treatment with dasatinib for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Failure of an adequate trial of dasatinib is defined as:

(i) Lack of response to second-line dasatinib therapy, defined as either:

- failure to achieve a haematological response after a minimum of 3 months therapy with dasatinib for patients initially treated in chronic phase; or

- failure to achieve any cytogenetic response after a minimum of 6 months therapy with dasatinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or

- failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with dasatinib; OR

(ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing dasatinib therapy; OR

(iii) Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing dasatinib therapy; OR

(iv) Development of accelerated phase in a patient previously prescribed dasatinib for the chronic phase of chronic myeloid leukaemia.Accelerated phase is defined by the presence of 1 or more of the following:

(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

(3) Peripheral basophils greater than or equal to 20%; or

(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome); OR

(v) Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during dasatinib therapy in patients with accelerated phase chronic myeloid leukaemia, provided that blast crisis has been excluded on bone marrow biopsy.

Patients should be commenced on a dose of nilotinib of 400 mg twice daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to nilotinib therapy or a peripheral blood BCR-ABL level of less than 1% within 18 months and thereafter at 12 monthly intervals.

A bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale either on peripheral blood or bone marrow must be documented in the patient's medical records.

Pathology report(s) confirming a loss of response to imatinib and dasatinib, from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement must be documented in the patient's medical records.

nilotinib 200 mg capsule, 120

12887G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3822.52	25.00	Tasigna [NV]

▪ NILOTINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - FIRST-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia (CML) in the first line treatment setting.
Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment
A patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.
During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond.
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% on the international scale (Blood 108:28-37,2006) to receive continuing therapy.
For continuing applications patients must demonstrate a response to PBS-subsidised treatment and a pathology report demonstrating the patient has responded to the initial course of treatment must be documented in the patient's medical records.
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.
Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements
Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with imatinib, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - first-line therapy

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the chronic phase, **AND**
- The condition must be expressing the Philadelphia chromosome confirmed through cytogenetic analysis; OR
- The condition must have the transcript BCR-ABL tyrosine kinase confirmed through quantitative polymerase chain reaction (PCR), **AND**
- Patient must not have previously experienced a failure to respond to PBS-subsidised first-line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with imatinib as a first-line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first-line therapy for this condition, **AND**

- The treatment must not exceed a total maximum of 18 months of therapy with PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.Patients should be commenced on a dose of nilotinib of 300 mg twice daily. Continuing therapy is dependent on patients demonstrating a response to nilotinib therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

A pathology cytogenetic report from an Approved Pathology Authority conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

The expression of the Philadelphia chromosome should be confirmed through cytogenetic analysis by standard karyotyping; or if standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be documented in the patient's medical records.

nilotinib 150 mg capsule, 120

1309X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2917.49	25.00	Tasigna [NV]

▪ NILOTINIB

Note TREATMENT OF PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - SECOND-LINE THERAPY

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia (CML) in the second-line treatment setting.

Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib.

Patients are eligible for PBS-subsidised second-line treatment of CML if they have experienced treatment failure in the first-line treatment setting.

Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib if they have not failed prior PBS-subsidised treatment with either dasatinib or nilotinib in the first-line treatment setting. Patients are eligible for PBS-subsidised treatment with either dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent and may only occur for reasons of intolerance.

Dasatinib is PBS-subsidised for all phases of CML (chronic, accelerated and blast phase) in the second-line treatment setting.

Nilotinib is PBS-subsidised for chronic and accelerated phase CML in the second-line setting. Nilotinib is not approved for patients in blast crisis in any (first, second, third-line) treatment setting.

Imatinib is not approved for second-line treatment of CML.

1. Initial second-line treatment

A patient will be able to be prescribed either dasatinib or nilotinib within the initial 18 month treatment period as second-line therapy, as long as only one agent is approved at a time and providing the patient did not fail that drug as first-line therapy. During the initial 18 month treatment period, switching between approved second-line agents may only occur for reasons of intolerance, not failure of response.

2. Continuing treatment for second-line treatment

For continuing applications, patients must demonstrate response to PBS-subsidised treatment as follows:

(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108:28-37,2006) has been demonstrated may receive authorisation for a further 12 months of treatment; and

(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.

All pathology reports must be documented in the patient's medical records.

During second line continuing treatment beyond the initial 18 month treatment period, switching between approved second line TKI agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of a third line agent.

3. Authority approval requirements

Response criteria to initial treatment with dasatinib or nilotinib:

For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted and the results must be documented in the patient's medical records. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted and the results must be documented in the patient's medical records. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted and the results must be documented in the patient's medical records within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.

5. Definitions of loss of response

Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by

at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

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

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment - second-line therapy

Clinical criteria:

- The condition must be in the chronic phase; OR
- The condition must be in the accelerated phase, **AND**
- Patient must not have failed PBS-subsidised treatment with this drug for this condition in the first-line setting, **AND**
- Patient must have failed an adequate trial of PBS-subsidised first-line treatment with imatinib for this condition; OR
- Patient must have failed an adequate trial of PBS-subsidised first-line treatment with dasatinib for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to PBS-subsidised second-line treatment with dasatinib for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Failure of an adequate trial of imatinib or dasatinib is defined as:

(i) Lack of response to initial imatinib or dasatinib therapy, defined as either:

- failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or dasatinib for patients initially treated in chronic phase; or

- failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or dasatinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or

- failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or dasatinib; OR

(ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or dasatinib therapy; OR

(iii) Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or dasatinib therapy; OR

(iv) Development of accelerated phase in a patient previously prescribed imatinib or dasatinib for the chronic phase of chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

(3) Peripheral basophils greater than or equal to 20%; or

(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome); OR

(v) Disease progression (defined as a greater than or equal to.

50% increase in peripheral white blood cell count, blast count, basophils or platelets) during first-line imatinib or dasatinib therapy in patients with accelerated phase chronic myeloid leukaemia, provided that blast crisis has been excluded on bone marrow biopsy.

Patients should be commenced on a dose of nilotinib of 400 mg twice daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to nilotinib therapy or a peripheral blood BCR-ABL level of less than 1% within 18 months and thereafter at 12 monthly intervals.

A bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale either on peripheral blood or bone marrow must be documented in the patient's medical records.

Pathology report(s) confirming a loss of response to imatinib or dasatinib, from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement must be documented in the patient's medical records.

nilotinib 200 mg capsule, 120

9171Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3822.52	25.00	Tasigna [NV]

▪ PONATINIB

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be expressing the T315I mutation, **AND**

- Patient must have failed treatment with chemotherapy, with or without another tyrosine kinase inhibitor, **AND**
- Patient must have failed allogeneic haemopoietic stem cell transplantation (where appropriate).

Treatment criteria:

- Must be treated by a medical practitioner.

Failure of treatment is defined as either:

1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy, with or without another tyrosine kinase inhibitor;

2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy, with or without another tyrosine kinase inhibitor;

3. Morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

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

1. details of the proposed prescription; and

2. a completed Acute Lymphoblastic Leukaemia - ponatinib Initial PBS authority application form; and

3. a signed patient acknowledgement; and

4. a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript; and evidence of the T315I mutation. The date of the relevant pathology report(s), which should be within the previous 6 months, need(s) to be provided.

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

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have progressive disease.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

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

ponatinib 15 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10523W NP	1	2	..	5295.37	25.00	Iclusig [TK]

ponatinib 45 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10524X NP	1	2	..	5957.65	25.00	Iclusig [TK]

▪ PONATINIB

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have failed prior treatment with PBS-subsidised dasatinib for this condition; OR
- Patient must have developed intolerance to PBS-subsidised dasatinib of a severity requiring treatment withdrawal.

Treatment criteria:

- Must be treated by a medical practitioner.

Failure of treatment with dasatinib is defined as either:

1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with PBS-subsidised dasatinib for this condition; or

2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by PBS-subsidised dasatinib for this condition; or

3. Rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission; OR rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition.

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

1. details of the proposed prescription; and

2. a completed Acute Lymphoblastic Leukaemia ponatinib PBS Authority Application - Supporting Information Form; and

3. a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided; or

4. pathology reports documenting rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition. The date of the relevant pathology report(s) need(s) to be provided.

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

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

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

ponatinib 15 mg tablet, 60

11454W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	5295.37	25.00	Iclusig [TK]

ponatinib 45 mg tablet, 30

11453T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	5957.65	25.00	Iclusig [TK]

▪ PONATINIB

Note Patients are eligible for PBS-subsidised treatment with only one of imatinib, dasatinib, nilotinib or ponatinib at any one time and must not be receiving concomitant interferon alfa therapy.

Note 1. Continuing treatment.
For first continuing applications patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment.
2. Authority approval requirements.
Response criteria to treatment with ponatinib:
For the purposes of assessing response to PBS-subsidised treatment with ponatinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be conducted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be conducted. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted within 18 months of the commencement of treatment with ponatinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive first continuing treatment with this drug).
Thereafter, at no greater than 12 month intervals a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% must be sustained to receive subsequent continuing treatments with this drug.

3. Definitions of response.
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.
A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006).
4. Definitions of loss of response.
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor therapy.
Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have failed an adequate trial of dasatinib confirmed through a pathology report from an Approved Pathology Authority; OR
- Patient must have developed intolerance to dasatinib of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have failed an adequate trial of nilotinib confirmed through a pathology report from an Approved Pathology Authority; OR
- Patient must have developed intolerance to nilotinib of a severity necessitating permanent treatment withdrawal; OR
- Patient must not be eligible for PBS-subsidised treatment with nilotinib because the patient has a blast crisis.

Treatment criteria:

- Must be treated by a medical practitioner.

Failure of an adequate trial of dasatinib or nilotinib is defined as:

1. Lack of response to dasatinib or nilotinib therapy, defined as either:

(i) failure to achieve a haematological response after a minimum of 3 months therapy with dasatinib or nilotinib; or

(ii) failure to achieve any cytogenetic response after a minimum of 6 months therapy with dasatinib or nilotinib as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or

(iii) failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with dasatinib or nilotinib; OR

2. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing dasatinib or nilotinib therapy; OR

3. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing dasatinib or nilotinib therapy; OR

4. Development of accelerated phase or blast crisis in a patient previously prescribed dasatinib or nilotinib for any phase of chronic myeloid leukaemia; OR

5. Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during dasatinib or nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code or provider number) of a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome; or

(ii) details (date, unique identifying number/code or provider number) of a bone marrow biopsy/peripheral blood pathology report demonstrating RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale; and

(iii) where there has been a loss of response to dasatinib or nilotinib, details (date, unique identifying number/code or provider number) of the confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

All reports must be documented in the patient's medical records

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Up to a maximum of 18 months of treatment may be authorised under this initial restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be expressing the T315I mutation confirmed through a bone marrow biopsy pathology report, **AND**
- Patient must have failed an adequate trial of imatinib confirmed through a pathology report from an Approved Pathology Authority; OR
- Patient must have failed an adequate trial of dasatinib confirmed through a pathology report from an Approved Pathology Authority; OR
- Patient must have failed an adequate trial of nilotinib confirmed through a pathology report from an Approved Pathology Authority.

Treatment criteria:

- Must be treated by a medical practitioner.

Failure of an adequate trial of imatinib or dasatinib or nilotinib is defined as:

1. Lack of response to imatinib or dasatinib or nilotinib therapy, defined as either:

(i) failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or dasatinib or nilotinib; or

(ii) failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or dasatinib or nilotinib as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or

(iii) failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or dasatinib or nilotinib; OR

2. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or dasatinib or nilotinib therapy; OR

3. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or dasatinib or nilotinib therapy; OR

4. Development of accelerated phase or blast crisis in a patient previously prescribed imatinib or dasatinib or nilotinib for any phase of chronic myeloid leukaemia; OR

5. Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during imatinib or dasatinib or nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code or provider number) of a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome; or

(ii) details (date, unique identifying number/code or provider number) of a bone marrow biopsy/peripheral blood pathology report demonstrating RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale; and

(iii) details (date, unique identifying number/code or provider number) of a bone marrow biopsy pathology report demonstrating evidence of the T315I mutation; and

(iv) where there has been a loss of response to imatinib or dasatinib or nilotinib, details (date, unique identifying number/code or provider number) of the confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Up to a maximum of 18 months of treatment may be authorised under this initial restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response of less than 35% Philadelphia positive bone marrow cells in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must demonstrated a peripheral blood level of BCR-ABL of less than 1% on the international scale in the preceding 18 months and thereafter at 12 monthly intervals.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

The first continuing application for authorisation must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority demonstrating a major cytogenetic response [see Note explaining definitions of response]; or

(ii) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority demonstrating a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining definitions of response].

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

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

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response of less than 35% Philadelphia positive bone marrow cells at 12 month intervals; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1% on the international scale at 12 month intervals.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A pathology report demonstrating the patient's cytogenetic response or a peripheral blood level of BCR-ABL must be documented in the patient's medical records.

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

ponatinib 15 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10520Q NP	1	5	..	5295.37	25.00	Iclusig [TK]

ponatinib 45 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10530F NP	1	5	..	5957.65	25.00	Iclusig [TK]

Epidermal growth factor receptor (EGFR) tyrosine kinase inhibitors

▪ AFATINIB

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); OR
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material, **AND**
- Patient must not have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) exon 20 insertion mutation.

afatinib 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11335N	1	3	..	2771.92	25.00	Giotrif [BY]

afatinib 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11341X	1	3	..	2771.92	25.00	Giotrif [BY]

afatinib 40 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11359W	1	3	..	2771.92	25.00	Giotrif [BY]

▪ AFATINIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7613

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

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

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

afatinib 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11336P	1	3	..	2771.92	25.00	Giotrif [BY]

afatinib 30 mg tablet, 28

11348G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2771.92	25.00	Giotrif [BY]

afatinib 40 mg tablet, 28

11347F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2771.92	25.00	Giotrif [BY]

▪ ERLOTINIB

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); OR
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material, **AND**
- Patient must not have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) exon 20 insertion mutation.

erlotinib 100 mg tablet, 30

10020J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	425.08	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 150 mg tablet, 30

10014C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	523.65	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 25 mg tablet, 30

10022L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	123.90	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

▪ ERLOTINIB

Authority required (STREAMLINED)

4600

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously been issued with an authority prescription for this drug prior to 1 August 2014, **AND**
- Patient must not have progressive disease.

Population criteria:

- Patient must have a wild type epidermal growth factor receptor (EGFR) gene; OR
- Patient must have an epidermal growth factor receptor (EGFR) gene of unknown type.

erlotinib 100 mg tablet, 30

10019H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	425.08	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 150 mg tablet, 30

10025P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	523.65	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 25 mg tablet, 30

10028T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	123.90	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

▪ ERLOTINIB

Authority required (STREAMLINED)

7446

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have progressive disease.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

erlotinib 100 mg tablet, 30

11260P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	425.08	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 150 mg tablet, 30

11259N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	523.65	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

erlotinib 25 mg tablet, 30

11263T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	123.90	25.00	[a] ERLOTINIB ARX [XT]	[a] Erlotinib Sandoz [SZ]

▪ GEFITINIB

Authority required (STREAMLINED)

7447

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have progressive disease.

gefitinib 250 mg tablet, 30

11264W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	521.91	25.00	Cipla Gefitinib [LR]

▪ GEFITINIB

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); OR
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material, **AND**
- Patient must not have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) exon 20 insertion mutation.

gefitinib 250 mg tablet, 30

8769M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	521.91	25.00	Cipla Gefitinib [LR]

▪ OSIMERTINIB

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

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

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

Note Special Pricing Arrangements apply.

Authority required

Non-small cell lung cancer (NSCLC)

Clinical criteria:

- Patient must be each of: (i) initiating treatment with this drug; (ii) have not previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must be continuing treatment with this drug for this condition, with an absence of further disease progression while being treated with this drug, **AND**
- Patient must have/have had a WHO performance status of no greater than 2 at treatment initiation with this drug for this condition, **AND**
- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

Population criteria:

- Patient must not have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) exon 20 insertion mutation.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

PBS-subsidised treatment with this drug is restricted to once per lifetime at any disease stage for NSCLC (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Prescribers must refer to this drug's approved Therapeutic Goods Administration (TGA) Product Information (PI) for the relevant dosing regimens and treatment duration for the specific stage of NSCLC.

For patients receiving treatment with this drug as adjuvant therapy, treatment must cease upon disease progression, or after the completion of three years from the first administered dose, whichever comes first.

osimertinib 40 mg tablet, 30

15378J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7700.25	25.00	Tagrisso [AP]

NP

osimertinib 80 mg tablet, 30

15392D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7700.25	25.00	Tagrisso [AP]

NP

B-Raf serine-threonine kinase (BRAF) inhibitors

▪ DABRAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17286

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

Clinical criteria:

- Patient must have/have had a WHO performance status of no greater than 2 at treatment initiation with this drug for this condition, **AND**
- The condition must be positive for a BRAF V600E mutation, **AND**
- Patient must be receiving trametinib and dabrafenib concomitantly for this condition.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug; OR
- Patient must be undergoing continuing treatment with this drug, with an absence of further disease progression while being treated with this drug; OR
- Patient must be undergoing non-PBS-subsidised treatment with this drug for this PBS indication, with an absence of further disease progression since commencing non-PBS-subsidised supply.

dabrafenib 75 mg capsule, 120

15055J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7267.49	25.00	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

15056K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4889.12	25.00	Tafinlar [NV]

▪ DABRAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection, **AND**
- The condition must be positive for a BRAF V600 mutation, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**

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

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for trametinib and dabrafenib concomitantly for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

dabrafenib 75 mg capsule, 120

11823G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7267.49	25.00	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

11820D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	4889.12	25.00	Tafinlar [NV]

▪ DABRAFENIB

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

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

Note Special Pricing Arrangements apply.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Authority required (STREAMLINED)

10157

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS-subsidised BRAF inhibitor therapy for unresectable Stage III or Stage IV disease; OR
- Patient must have developed intolerance to other BRAF inhibitors of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have experienced disease progression whilst on adjuvant BRAF inhibitor treatment or disease recurrence within 6 months of completion of adjuvant BRAF inhibitor with MEK inhibitor treatment if previously treated for resected Stage IIIB, IIIC or IIID melanoma, **AND**
- Patient must have a WHO performance status of 2 or less.

dabrafenib 75 mg capsule, 120

2846T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7267.49	25.00	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

2963Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	4889.12	25.00	Tafinlar [NV]

▪ DABRAFENIB

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

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17949

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

dabrafenib 75 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10003L NP	1	5	..	7267.49	25.00	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2954L NP	1	5	..	4889.12	25.00	Tafinlar [NV]

▪ DABRAFENIB

Note Dabrafenib is available as capsules and dispersible tablets. Caution is advised when consideration is given to changing formulations as the formulations are not bioequivalent. Frequent switching between formulations is discouraged.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Response in the proposed restrictions is assessed using the Response Assessment for Neuro-Oncology (RANO) 2017 criteria:
Wen PY, Chang SM, Van den Bent MJ, Vogelbaum MA, Macdonald DR, Lee EQ. Response Assessment in Neuro-Oncology Clinical Trials. J Clin Oncol. 2017;35(21):2439-2449. doi:10.1200/JCO.2017.72.7511

Authority required

Paediatric high grade glioma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have either: (i) stable, (ii) responding disease based on the Response Assessment in Neuro-Oncology (RANO) criteria, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

dabrafenib 10 mg dispersible tablet, 2 x 210

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14753L	2	3	..	*6814.82	25.00	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14757Q	1	3	..	7267.49	25.00	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14755N	2	3	..	*9668.88	25.00	Tafinlar [NV]

▪ DABRAFENIB

Note Dabrafenib is available as capsules and dispersible tablets. Caution is advised when consideration is given to changing formulations as the formulations are not bioequivalent. Frequent switching between formulations is discouraged.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note A review and validation of the Karnofsky performance status scale can be found as a free access article here:
Mor, V., Laliberte, L., Morris, J.N. and Wiemann, M. (1984), The Karnofsky performance status scale: An examination of its reliability and validity in a research setting. Cancer, 53: 2002-2007. https://doi.org/10.1002/1097-0142(19840501)53:9<2002::AID-CNCR2820530933>3.0.CO;2-W

Note The original publication and validation of the Lansky performance status scale can be found as a free access article here:
Lansky, S.B., List, M.A., Lansky, L.L., Ritter-Sterr, C. and Miller, D.R. (1987), The measurement of performance in childhood cancer patients. Cancer, 60: 1651-1656. https://doi.org/10.1002/1097-0142(19871001)60:7<1651::AID-CNCR2820600738>3.0.CO;2-J

Authority required

Paediatric high grade glioma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be World Health Organisation (WHO) grade 3 or 4, **AND**
- The condition must be positive for a BRAF V600 mutation, **AND**
- Patient must have either a: (i) Karnofsky, (ii) Lansky performance score of at least 50%, **AND**
- Patient must have relapsed or progressed following frontline therapy; OR
- Patient must have failed to respond to frontline therapy, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

Population criteria:

- Patient must have been aged between 12 months to 18 years at diagnosis.

dabrafenib 10 mg dispersible tablet, 2 x 210

14752K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*6814.82	25.00	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

14766E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	7267.49	25.00	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

14760W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*9668.88	25.00	Tafinlar [NV]

▪ DABRAFENIB

Note Dabrafenib is available as capsules and dispersible tablets. Caution is advised when consideration is given to changing formulations as the formulations are not bioequivalent. Frequent switching between formulations is discouraged.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Paediatric low grade glioma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be World Health Organisation (WHO) grade 1 or 2, **AND**
- The condition must have progressed following surgical excision; OR
- The condition must not be amenable to surgery with risk of neurological impairment following progression, **AND**
- The condition must be positive for a BRAF V600 mutation, **AND**
- Patient must have either a: (i) Karnofsky, (ii) Lansky performance score of at least 50%, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

Population criteria:

- Patient must have been aged between 12 months to 18 years at diagnosis.

Note A review and validation of the Karnofsky performance status scale can be found as a free access article here:
Mor, V., Laliberte, L., Morris, J.N. and Wiemann, M. (1984), The Karnofsky performance status scale: An examination of its reliability and validity in a research setting. Cancer, 53: 2002-2007. https://doi.org/10.1002/1097-0142(19840501)53:9<2002::AID-CNCR2820530933>3.0.CO;2-W

Note The original publication and validation of the Lansky performance status scale can be found as a free access article here:
Lansky, S.B., List, M.A., Lansky, L.L., Ritter-Sterr, C. and Miller, D.R. (1987), The measurement of performance in childhood cancer patients. Cancer, 60: 1651-1656. https://doi.org/10.1002/1097-0142(19871001)60:7<1651::AID-CNCR2820600738>3.0.CO;2-J

Authority required

Paediatric low grade glioma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have either: (i) stable, (ii) responding disease based on the Response Assessment in Neuro-Oncology (RANO) criteria, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

Note Response in the proposed restrictions is assessed using the Response Assessment for Neuro-Oncology (RANO) 2017 criteria:
Wen PY, Chang SM, Van den Bent MJ, Vogelbaum MA, Macdonald DR, Lee EQ. Response Assessment in Neuro-Oncology Clinical Trials. J Clin Oncol. 2017;35(21):2439-2449. doi:10.1200/JCO.2017.72.7511

dabrafenib 10 mg dispersible tablet, 2 x 210

14773M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*6814.82	25.00	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

14754M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	7267.49	25.00	Tafinlar [NV]

dabrafenib 50 mg capsule, 120

14778T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	..	*9668.88	25.00	Tafinlar [NV]

▪ ENCORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

12487

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have BRAF V600 variant positive metastatic colorectal cancer, **AND**
- The treatment must be in combination with cetuximab, **AND**
- Patient must not have received prior treatment with cetuximab for this condition; OR
- Patient must not have developed disease progression while receiving cetuximab for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must have failed to respond to at least one other line of systemic therapy, **AND**
- Patient must have a WHO performance status of 2 or less.

encorafenib 75 mg capsule, 42

12814K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	3	..	*5304.39	25.00	Braftovi [FB]

▪ ENCORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

12484

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with cetuximab, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

encorafenib 75 mg capsule, 42

12815L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	..	*5304.39	25.00	Braftovi [FB]

▪ ENCORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Authority required (STREAMLINED)

10271

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS-subsidised BRAF inhibitor therapy for unresectable Stage III or Stage IV disease; OR
- Patient must have developed intolerance to other BRAF inhibitors of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have experienced disease progression whilst on adjuvant BRAF inhibitor treatment or disease recurrence within 6 months of completion of adjuvant BRAF inhibitor with MEK inhibitor treatment if previously treated for resected Stage IIIB, IIIC or IIID melanoma, **AND**
- Patient must have a WHO performance status of 2 or less.

encorafenib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11937G	9	3	..	*7277.37	25.00	Braftovi [FB]

encorafenib 75 mg capsule, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11938H	4	3	..	*7036.08	25.00	Braftovi [FB]

▪ ENCORAFENIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17949

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

encorafenib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11954E NP	9	5	..	*7277.37	25.00	Braftovi [FB]

encorafenib 75 mg capsule, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11949X NP	4	5	..	*7036.08	25.00	Braftovi [FB]

▪ VEMURAFENIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Authority required (STREAMLINED)

10157

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS-subsidised BRAF inhibitor therapy for unresectable Stage III or Stage IV disease; OR
- Patient must have developed intolerance to other BRAF inhibitors of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have experienced disease progression whilst on adjuvant BRAF inhibitor treatment or disease recurrence within 6 months of completion of adjuvant BRAF inhibitor with MEK inhibitor treatment if previously treated for resected Stage IIIB, IIIC or IIID melanoma, **AND**
- Patient must have a WHO performance status of 2 or less.

vemurafenib 240 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11076Y	4	3	..	*6860.80	25.00	Zelboraf [RO]

▪ VEMURAFENIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17949

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

vemurafenib 240 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11081F NP	4	5	..	*6860.80	25.00	Zelboraf [RO]

Anaplastic lymphoma kinase (ALK) inhibitors

▪ ALECTINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Resected non-small cell lung cancer (NSCLC)

Treatment Phase: Adjuvant therapy

Clinical criteria:

- Patient must be both: (i) initiating treatment, (ii) untreated with an Anaplastic Lymphoma Kinase-Tyrosine Kinase Inhibitor (ALK-TKI) for non-small cell lung cancer; OR
- Patient must be continuing existing PBS-subsidised treatment with this drug; OR
- Patient must be both: (i) transitioning from existing non-PBS to PBS-subsidised supply of this drug, (ii) untreated with ALK-TKI at the time this drug was initiated, **AND**
- The condition must be/have been at least one of: (i) node positive, (ii) at least 4 cm in size, **AND**
- The treatment must be for the purpose of adjuvant therapy following surgical resection, **AND**
- The treatment must be commenced within 26 weeks of surgery, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing, **AND**
- Patient must have/have had a WHO performance status score of no greater than 1 at treatment initiation with this drug.

AND

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must be undergoing treatment that does not occur beyond the following, whichever comes first: (i) the first instance of disease progression/recurrence, (ii) 24 months of combined non-PBS and PBS-subsidised treatment for this condition from the first administered dose; mark any remaining repeat prescriptions with the words 'cancelled' where (i)/(ii) has occurred, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

alectinib 150 mg capsule, 4 x 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15376G NP	1	3	..	6579.20	25.00	Alecensa [RO]

▪ ALECTINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with alectinib as adjuvant therapy in resected non-small cell lung cancer, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**

- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this indication **(**i.e. for stage IIIB/IV NSCLC**)**, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

alectinib 150 mg capsule, 4 x 56

11226W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	..	6579.20	25.00	Alecensa [RO]

▪ BRIGATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

brigatinib 180 mg tablet, 28

11984R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	..	6579.20	25.00	Alunbrig [TK]

brigatinib 90 mg tablet, 28

11974F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	..	6579.20	25.00	Alunbrig [TK]

brigatinib 30 mg tablet, 28

11980M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	4	3	..	*6648.20	25.00	Alunbrig [TK]

▪ BRIGATINIB

Caution Careful monitoring of patients is required due to risk of developing pulmonary adverse events observed in patients within the first seven days of treatment with this drug. Patients must be instructed to report any new or worsening respiratory symptoms.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**

- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

brigatinib 90 mg tablet [7] (&) brigatinib 180 mg tablet [21], 1 pack

11976H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	6579.20	25.00	Alunbrig [TK]

▪ CERITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

ceritinib 150 mg capsule, 3 x 50

11056X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7039.69	25.00	Zykadia [NV]

▪ CRIZOTINIB

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

Treatment criteria:

- Must be treated by a medical practitioner.

Applications for authorisation of initial treatment must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be documented in the patient's medical records:

(a) evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

crizotinib 200 mg capsule, 60

10323H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	6694.33	25.00	Xalkori [PF]

crizotinib 250 mg capsule, 60

10322G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	6694.33	25.00	Xalkori [PF]

▪ CRIZOTINIB

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing, **AND**
- Patient must not have received prior treatment with a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor for this condition; OR
- Patient must have developed intolerance to a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor necessitating permanent treatment withdrawal.

Treatment criteria:

- Must be treated by a medical practitioner.

Applications for authorisation of initial treatment must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be documented in the patient's medical records:

(a) evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

crizotinib 200 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11589Y NP	1	3	..	6694.33	25.00	Xalkori [PF]

crizotinib 250 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11594F NP	1	3	..	6694.33	25.00	Xalkori [PF]

▪ LORLATINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

lorlatinib 25 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12096P NP	1	3	..	6530.27	25.00	Lorviqua [PF]

lorlatinib 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12091J NP	1	3	..	6530.27	25.00	Lorviqua [PF]

Mitogen-activated protein kinase (MEK) inhibitors

▪ BINIMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
10328
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must be receiving PBS-subsidised encorafenib concomitantly for this condition.

binimetinib 15 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11948W	2	3	..	*7349.78	25.00	Mektovi [FB]

▪ BINIMETINIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
17917
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised encorafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

binimetinib 15 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11961M (NP)	2	5	..	*7349.78	25.00	Mektovi [FB]

▪ COBIMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
10033
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must be receiving PBS subsidised vemurafenib concomitantly for this condition.

cobimetinib 20 mg tablet, 63

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11074W	1	3	..	7142.32	25.00	Cotellic [RO]

▪ COBIMETINIB

Note A patient who has had progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
17807
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised vemurafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

cobimetinib 20 mg tablet, 63

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11075X NP	1	5	..	7142.32	25.00	Cotellic [RO]

▪ SELUMETINIB

Note The Karnofsky Performance Score is available at:
https://oncologypro.esmo.org/oncology-in-practice/practice-tools/performance-scales
www.mdcalc.com/calc/3168/karnofsky-performance-status-scale

Note The Lansky Performance Score is available at:
www.mdcalc.com/calc/3176/lansky-play-performace-scale-pediatric-functional-status

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Neurofibromatosis type 1

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have plexiform neurofibroma(s) (PN) that is causing/likely to cause at least one of: (i) significant symptoms/morbidity, (ii) disability, (iii) disfigurement, (iv) impairment of normal body function, **AND**
- Patient must have PN for which complete resection cannot be performed, **AND**
- Patient must have either a: (i) Karnofsky, (ii) Lansky Performance Score of at least 70%.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a specialist physician with expertise in neurofibromatosis, (ii) a medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis if attendance is not possible due to geographic isolation.

Population criteria:

- Patient must be aged between 2 to 18 years, **AND**
- Patient must be able to swallow the whole capsule form of this drug.

At the time of the authority application, medical practitioners must request the appropriate number of packs of appropriate strength(s) to provide sufficient drug, based on the body surface area (BSA) of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

For the purpose of administering this restriction, significant symptoms/morbidity are defined as, but not limited to:

1. head and neck PN that can compromise the airway or great vessels;
2. paraspinal PN that can cause myelopathy;
3. brachial or lumbar plexus PN that can cause nerve compression and loss of function;
4. PN that can result in major deformity or significant disfiguring (e.g. orbital PN);
5. PN of the extremity that can cause limb hypertrophy or loss of function; and
6. painful PN.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Neurofibromatosis type 1

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be tolerating treatment, **AND**
- Patient must have achieved either: (i) stabilisation of disease, (ii) adequate response to treatment, if have received at least 12 months of treatment with this drug.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a specialist physician with expertise in neurofibromatosis, (ii) a medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis if attendance is not possible due to geographic isolation.

At the time of the authority application, medical practitioners must request the appropriate number of packs of appropriate strength(s) to provide sufficient drug, based on the body surface area (BSA) of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

For the purpose of administering this restriction, adequate response is defined as:

1. stability or improvement of the initial baseline measurements prior to initiating treatment with this drug;
2. relevant imaging has not shown an increase in tumour size of 20% or more.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Neurofibromatosis type 1

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements

Clinical criteria:

- Patient must have previously received treatment with this drug for this condition prior to 1 August 2024; OR
- Patient must have previously received treatment with another mitogen-activated protein kinase (MEK) inhibitor for this condition prior to 1 August 2024, **AND**
- Patient must have met all other PBS eligibility criteria that a non-'Grandfather' patient would ordinarily be required to meet, meaning that at the time non-PBS-subsidised supply of a MEK inhibitor (including selumetinib) was commenced, the patient: (i) had PN that caused/was likely to cause at least one of: (a) significant symptoms/morbidity, (b) disability, (c) disfigurement, (d) impairment of normal body function; (ii) had PN for which complete PN resection could not be performed either: (a) safely, (b) without causing unacceptable morbidity; (iii) had either a: (a) Karnofsky, (b) Lansky Performance Score of at least 70%; (iv) was aged between 2 to 18 years; (v) was able to swallow the whole capsule form if received non-PBS supply with selumetinib, **AND**
- Patient must be tolerating treatment, **AND**
- Patient must have achieved either: (i) stabilisation of disease, (ii) adequate response to treatment, if have received at least 12 months of treatment.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a specialist physician with expertise in neurofibromatosis, (ii) a medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis if attendance is not possible due to geographic isolation.

At the time of the authority application, medical practitioners must request the appropriate number of packs of appropriate strength(s) to provide sufficient drug, based on the body surface area (BSA) of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

For the purpose of administering this restriction, significant symptoms/morbidity are defined as, but not limited to:

1. head and neck PN that can compromise the airway or great vessels;
2. paraspinal PN that can cause myelopathy;
3. brachial or lumbar plexus PN that can cause nerve compression and loss of function;
4. PN that can result in major deformity or significant disfiguring (e.g. orbital PN);
5. PN of the extremity that can cause limb hypertrophy or loss of function; and
6. painful PN.

For the purpose of administering this restriction, adequate response is defined as:

1. stability or improvement of the initial baseline measurements prior to initiating treatment with this drug;
2. relevant imaging has not shown an increase in tumour size of 20% or more.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

selumetinib 10 mg capsule, 60

14236G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7221.36	25.00	Koselugo [XI]

selumetinib 25 mg capsule, 60

14287Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17707.36	25.00	Koselugo [XI]

▪ TRAMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10051

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be receiving PBS-subsidised dabrafenib concomitantly for this condition.

trametinib 500 microgram tablet, 30

10403M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*5529.72	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

10382K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7267.49	25.00	Mekinist [NV]

▪ TRAMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17286

Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Clinical criteria:

- Patient must have/have had a WHO performance status of no greater than 2 at treatment initiation with this drug for this condition, **AND**
- The condition must be positive for a BRAF V600E mutation, **AND**
- Patient must be receiving trametinib and dabrafenib concomitantly for this condition.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug; OR
- Patient must be undergoing continuing treatment with this drug, with an absence of further disease progression while being treated with this drug; OR
- Patient must be undergoing non-PBS-subsidised treatment with this drug for this PBS indication, with an absence of further disease progression since commencing non-PBS-subsidised supply.

trametinib 500 microgram tablet, 30

15051E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*5529.72	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

15057L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7267.49	25.00	Mekinist [NV]

▪ TRAMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma
Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection, **AND**
- The condition must be positive for a BRAF V600 mutation, **AND**

- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for trametinib and dabrafenib concomitantly for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

trametinib 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11821E NP	3	3	..	*5529.72	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11819C NP	1	3	..	7267.49	25.00	Mekinist [NV]

▪ TRAMETINIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17951

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised dabrafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

trametinib 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10385N NP	3	5	..	*5529.72	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10405P NP	1	5	..	7267.49	25.00	Mekinist [NV]

▪ TRAMETINIB

Note Trametinib is available as tablets and oral solution. Caution is advised when consideration is given to changing formulations as the formulations are not bioequivalent. Frequent switching between formulations is discouraged.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Paediatric high grade glioma

Clinical criteria:

- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

trametinib 50 microgram/mL powder for oral liquid, 90 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14742X	13	3	..	*7930.14	25.00	Mekinist [NV]

trametinib 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14780X	4	3	..	*7336.52	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14774N	1	3	..	7267.49	25.00	Mekinist [NV]

▪ TRAMETINIB

Note Trametinib is available as tablets and oral solution. Caution is advised when consideration is given to changing formulations as the formulations are not bioequivalent. Frequent switching between formulations is discouraged.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Paediatric low grade glioma

Clinical criteria:

- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition.

trametinib 50 microgram/mL powder for oral liquid, 90 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14761X	13	3	..	*7930.14	25.00	Mekinist [NV]

trametinib 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14779W	4	3	..	*7336.52	25.00	Mekinist [NV]

trametinib 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14767F	1	3	..	7267.49	25.00	Mekinist [NV]

Cyclin-dependent kinase (CDK) inhibitors

▪ ABEMACICLIB

Note The Nottingham grading system is the histologic grading system developed by Elston and Ellis as a modification of the Scarff-Bloom-Richardson grading system. See the following literature publication for details:
Elston, CW, Ellis, IO. Pathological prognostic factors in breast cancer. The value of histological grade in breast cancer: experience from a large study with long-term follow-up. Histopathology. 1991 Nov;19(5):403-10.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Early breast cancer

Clinical criteria:

- The treatment must be adjuvant to surgical resection, **AND**
- Patient must have been untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy at the time non-PBS-subsidised or PBS-subsidised treatment was initiated; OR
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must not have been treated with adjuvant endocrine therapy for more than 6 months prior to commencing this drug, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be at high risk of recurrence at treatment initiation with this drug, with high risk being any of: (a) cancer cells in at least 4 positive axillary lymph nodes, (b) cancer cells in 1 to 3 positive axillary lymph nodes plus at least one of: (i) tumour size of at least 5 cm in size, (ii) grade 3 tumour histology (on the Nottingham grading system), **AND**
- The treatment must not be a PBS-subsidised benefit beyond whichever comes first: (i) a total of 2 years of active treatment (this includes any non-PBS-subsidised supply if applicable), (ii) disease recurrence/progression, **AND**
- The treatment must not be in combination with any of the following: (i) olaparib, (ii) pembrolizumab, (iii) ribociclib.

Treatment criteria:

- Patient must be undergoing concurrent treatment with endocrine therapy where this drug is being prescribed as a PBS benefit, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Retain all pathology imaging and investigative test results in the patient's medical records.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

abemaciclib 50 mg tablet, 56

14116Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4093.49	25.00	Verzenio [LY]

abemaciclib 100 mg tablet, 56

14105J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4093.49	25.00	Verzenio [LY]

abemaciclib 150 mg tablet, 56

14134X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4093.49	25.00	Verzenio [LY]

▪ ABEMACICLIB

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; OR
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of (i) a non-steroidal aromatase inhibitor, (ii) fulvestrant; OR
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) non-steroidal aromatase inhibitor, (ii) fulvestrant, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

abemaciclib 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11876C NP	1	5	..	4093.49	25.00	Verzenio [LY]

abemaciclib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11871T NP	1	5	..	4093.49	25.00	Verzenio [LY]

abemaciclib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11868P NP	1	5	..	4093.49	25.00	Verzenio [LY]

▪ PALBOCICLIB

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; OR
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with a non-steroidal aromatase inhibitor; OR
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) non-steroidal aromatase inhibitor, (ii) fulvestrant, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Population criteria:

- Patient must not be premenopausal.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

palbociclib 100 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12819Q NP	1	5	..	3697.38	25.00	Ibrance [PF]

palbociclib 125 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12822W NP	1	5	..	3697.38	25.00	Ibrance [PF]

palbociclib 75 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12818P NP	1	5	..	3697.38	25.00	Ibrance [PF]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; OR
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of (i) a non-steroidal aromatase inhibitor, (ii) fulvestrant; OR
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets.

Treatment criteria:

- Must be treated by a medical practitioner.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) non-steroidal aromatase inhibitor, (ii) fulvestrant, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

ribociclib 200 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11385F NP	1	5	..	1742.29	25.00	Kisqali [NV]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; OR
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of (i) a non-steroidal aromatase inhibitor, (ii) fulvestrant; OR
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) non-steroidal aromatase inhibitor, (ii) fulvestrant, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

ribociclib 200 mg tablet, 63

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11386G NP	1	5	..	5014.59	25.00	Kisqali [NV]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; OR
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of (i) a non-steroidal aromatase inhibitor, (ii) fulvestrant; OR
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy, **AND**
- Patient must require dosage reduction requiring a pack of 42 tablets.

Treatment criteria:

- Must be treated by a medical practitioner.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) non-steroidal aromatase inhibitor, (ii) fulvestrant, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy, **AND**
- Patient must require dosage reduction requiring a pack of 42 tablets.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Population criteria:

- Patient must not be premenopausal.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

ribociclib 200 mg tablet, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11397W NP	1	5	..	3387.18	25.00	Kisqali [NV]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note The Nottingham grading system is the histologic grading system developed by Elston and Ellis as a modification of the Scarff-Bloom-Richardson grading system. See the following literature publication for details:
Elston, CW, Ellis, IO. Pathological prognostic factors in breast cancer. The value of histological grade in breast cancer: experience from a large study with long-term follow-up. Histopathology. 1991 Nov;19(5):403-10.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Early breast cancer

Clinical criteria:

- The treatment must be adjuvant to surgical resection, **AND**

- Patient must have been untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy at the time non-PBS-subsidised or PBS-subsidised treatment was initiated; OR
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must not have been treated with adjuvant endocrine therapy for more than 6 months prior to commencing this drug, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be at high risk of recurrence at treatment initiation with this drug, with high risk being any of: (a) cancer cells in at least 4 positive axillary lymph nodes, (b) cancer cells in 1 to 3 positive axillary lymph nodes plus at least one of: (i) tumour size of at least 5 cm in size, (ii) grade 3 tumour histology (on the Nottingham grading system), **AND**
- The treatment must not be a PBS-subsidised benefit beyond whichever comes first: (i) a total of 3 years of active treatment (this includes any non-PBS-subsidised supply if applicable), (ii) disease recurrence/progression, **AND**
- The treatment must not be in combination with any of the following: (i) abemaciclib, (ii) olaparib, (iii) pembrolizumab, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets.

Treatment criteria:

- Patient must be undergoing concurrent treatment with a non-steroidal aromatase inhibitor where this drug is being prescribed as a PBS benefit, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Retain all pathology imaging and investigative test results in the patient's medical records.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

ribociclib 200 mg tablet, 21

14851P
NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1742.29	25.00	Kisqali [NV]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note Non-steroidal aromatase inhibitors for the purposes of this restriction are anastrozole and letrozole.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note The Nottingham grading system is the histologic grading system developed by Elston and Ellis as a modification of the Scarff-Bloom-Richardson grading system. See the following literature publication for details:
Elston, CW, Ellis, IO. Pathological prognostic factors in breast cancer. The value of histological grade in breast cancer: experience from a large study with long-term follow-up. Histopathology. 1991 Nov;19(5):403-10.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Early breast cancer

Clinical criteria:

- The treatment must be adjuvant to surgical resection, **AND**
- Patient must have been untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy at the time non-PBS-subsidised or PBS-subsidised treatment was initiated; OR
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must not have been treated with adjuvant endocrine therapy for more than 6 months prior to commencing this drug, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be at high risk of recurrence at treatment initiation with this drug, with high risk being any of: (a) cancer cells in at least 4 positive axillary lymph nodes, (b) cancer cells in 1 to 3 positive axillary lymph nodes plus at least one of: (i) tumour size of at least 5 cm in size, (ii) grade 3 tumour histology (on the Nottingham grading system), **AND**
- The treatment must not be a PBS-subsidised benefit beyond whichever comes first: (i) a total of 3 years of active treatment (this includes any non-PBS-subsidised supply if applicable), (ii) disease recurrence/progression, **AND**
- The treatment must not be in combination with any of the following: (i) abemaciclib, (ii) olaparib, (iii) pembrolizumab.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine, **AND**
- Patient must be undergoing concurrent treatment with a non-steroidal aromatase inhibitor where this drug is being prescribed as a PBS benefit.

Retain all pathology imaging and investigative test results in the patient's medical records.

PBS-subsidised treatment with CDK 4/6 inhibitors is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under locally advanced or metastatic disease is no longer available).

ribociclib 200 mg tablet, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14863G NP	1	5	..	3387.18	25.00	Kisqali [NV]

Mammalian target of rapamycin (mTOR) kinase inhibitors

▪ EVEROLIMUS

Authority required (STREAMLINED)

7431

Tuberous sclerosis complex (TSC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have demonstrated a response to prior treatment.

everolimus 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11258M	1	5	..	445.61	25.00	Afinitor [NV]

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11267B	1	5	..	1740.04	25.00	Afinitor [NV]

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11254H	1	5	..	881.87	25.00	Afinitor [NV]

▪ EVEROLIMUS

Authority required

Tuberous sclerosis complex (TSC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be a candidate for curative surgical resection.

everolimus 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2818H	1	5	..	445.61	25.00	Afinitor [NV]

▪ EVEROLIMUS

Note No increase in the maximum number of repeats may be authorised.

Authority required

Refractory seizures associated with tuberous sclerosis complex

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a confirmed diagnosis of tuberous sclerosis complex (TSC), **AND**
- Patient must be experiencing a minimum of two partial-onset seizures per week, **AND**
- The condition must have failed to be controlled satisfactorily at stable doses of at least two antiseizure medications, **AND**
- The treatment must be in combination with at least one antiseizure medication, **AND**
- Patient must not be a candidate for curative surgery.

Population criteria:

- Patient must be at least 2 years of age.

everolimus 2 mg dispersible tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11591C	1	5	..	358.28	25.00	Afinitor [NV]

everolimus 3 mg dispersible tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11599L	1	5	..	532.73	25.00	Afinitor [NV]

everolimus 5 mg dispersible tablet, 30

11592D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	881.65	25.00	Afinitor [NV]

▪ EVEROLIMUS

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17539

Refractory seizures associated with tuberous sclerosis complex

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have maintained a response to the PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with at least one antiseizure medication, **AND**
- Patient must not be a candidate for curative surgery.

everolimus 2 mg dispersible tablet, 30

11607X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	358.28	25.00	Afinitor [NV]

everolimus 3 mg dispersible tablet, 30

11608Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	532.73	25.00	Afinitor [NV]

everolimus 5 mg dispersible tablet, 30

11598K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	881.65	25.00	Afinitor [NV]

▪ EVEROLIMUS

Authority required

Tuberous sclerosis complex (TSC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be a candidate for curative surgical resection.

Authority required

Metastatic (Stage IV) breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must have acquired endocrine resistance as demonstrated by initial response and then recurrence or progression of disease after treatment with letrozole or anastrozole, **AND**
- The treatment must be in combination with exemestane.

Population criteria:

- Patient must not be pre-menopausal.

Note Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus.

everolimus 10 mg tablet, 30

2985D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1740.04	25.00	Afinitor [NV]

everolimus 5 mg tablet, 30

2819J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	881.87	25.00	Afinitor [NV]

▪ EVEROLIMUS

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**

- Patient must not have disease progression, **AND**
- The treatment must be as monotherapy.

Patients who have progressive disease with this drug are no longer eligible for PBS-subsidised treatment with this drug.

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10135K	1	5	..	1740.04	25.00	Afinitor [NV]

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10131F	1	5	..	881.87	25.00	Afinitor [NV]

▪ EVEROLIMUS

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised everolimus.

Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus.

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10132G	1	2	..	1740.04	25.00	Afinitor [NV]

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10133H	1	2	..	881.87	25.00	Afinitor [NV]

▪ EVEROLIMUS

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7432

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11262R	1	5	..	1740.04	25.00	Afinitor [NV]

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11257L	1	5	..	881.87	25.00	Afinitor [NV]

▪ EVEROLIMUS

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be symptomatic (despite somatostatin analogues); OR
- Patient must have disease progression, **AND**
- The treatment must be as monotherapy.

Disease progression must be documented in the patient's medical records.

Patients who have developed progressive disease with any of: (i) sunitinib; (ii) cabozantinib are not eligible to receive PBS-subsidised everolimus for this condition.

Patients who have developed intolerance with any of: (i) sunitinib; (ii) cabozantinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised everolimus.

everolimus 10 mg tablet, 30

11377T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1740.04	25.00	Afinitor [NV]

everolimus 5 mg tablet, 30

11362B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	881.87	25.00	Afinitor [NV]

Human epidermal growth factor receptor 2 (HER2) tyrosine kinase inhibitors

▪ LAPATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9360

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- The treatment must be in combination with capecitabine, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

The treatment must not exceed a lifetime total of one continuous course.

lapatinib 250 mg tablet, 70

11251E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*2244.20	25.00	Tykerb [NV]

▪ LAPATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, confirmed through a pathology report from an Approved Pathology Authority, **AND**
- The treatment must be in combination with capecitabine, **AND**
- Patient must have received prior therapy with a taxane for at least 3 cycles; and experienced disease progression during or within 6 months of completing treatment with pertuzumab and trastuzumab in combination; OR
- Patient must have developed intolerance to treatment with a taxane of a severity necessitating permanent treatment withdrawal; and experienced disease progression during or within 6 months of completing treatment with pertuzumab and trastuzumab in combination; OR
- Patient must have experienced disease progression following treatment with trastuzumab emtansine in whom disease had relapsed during or within 6 months of completing prior adjuvant therapy with trastuzumab; OR
- Patient must have experienced disease relapsed during or within 6 months of completing prior adjuvant therapy with trastuzumab, **AND**
- The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

Authority applications for initial treatment must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(i) details (date, unique identifying number/code, or provider number) of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH); and

(ii) date of last treatment with a taxane and total number of cycles; or

(iii) dates of treatment with trastuzumab and pertuzumab; or

(iv) date of demonstration of progression during or within 6 months of completing treatment with trastuzumab and pertuzumab; or

(v) date of demonstration of progression during or within 6 months of completing treatment with trastuzumab

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application.

All reports must be documented in the patient's medical records.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

lapatinib 250 mg tablet, 70

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9148L	2	2	..	*2244.20	25.00	Tykerb [NV]

Janus-associated kinase (JAK) inhibitors

▪ FEDRATINIB

Caution Thiamine levels should be assessed as per the approved Therapeutic Goods Administration (TGA) Product Information (PI) prior to receiving treatment and should be closely monitored throughout the treatment period.

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18324

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority required (STREAMLINED)

18241

Intermediate-1 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Fedratinib 100 mg capsule, 120

15279E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5882.90	25.00	Inrebic [BQ]

▪ FEDRATINIB

Caution Thiamine levels should be assessed as per the approved Therapeutic Goods Administration (TGA) Product Information (PI) prior to receiving treatment and should be closely monitored throughout the treatment period.

Note A patient may only qualify for PBS-subsidised treatment under this restriction twice in a lifetime. Patients reinitiating PBS-subsidised treatment following pregnancy are exempt from this rule.

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Authority required

Intermediate-1 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- Patient must have severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; OR
- Patient must have intolerance to prior treatment with a JAK inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Fedratinib 100 mg capsule, 120

15278D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5882.90	25.00	Inrebic [BQ]

▪ MOMELOTINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18324

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority required (STREAMLINED)

18241
Intermediate-1 risk myelofibrosis
Treatment Phase: Continuing treatment
Clinical criteria:
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Momelotinib 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14743Y NP	1	5	..	5882.90	25.00	Omjjara [GK]

Momelotinib 150 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14744B NP	1	5	..	5882.90	25.00	Omjjara [GK]

Momelotinib 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14770J NP	1	5	..	5882.90	25.00	Omjjara [GK]

▪ MOMELOTINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note A patient may only qualify for PBS-subsidised treatment under this restriction twice in a lifetime. Patients reinitiating PBS-subsidised treatment following pregnancy are exempt from this rule.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required
High risk and intermediate-2 risk myelofibrosis
Treatment Phase: Initial treatment
Clinical criteria:
- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- Patient must have a haemoglobin level of less than 100 g per L prior to commencing treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:
(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and
(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Authority required
Intermediate-1 risk myelofibrosis
Treatment Phase: Initial treatment
Clinical criteria:
- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- Patient must have severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; OR
- Patient must have intolerance to prior treatment with a JAK inhibitor for this condition, **AND**
- Patient must have a haemoglobin level of less than 100 g per L prior to commencing treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:
(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and
(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Momelotinib 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14769H	1	..	..	5882.90	25.00	Omjjara [GK]

Momelotinib 150 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14762Y	1	..	..	5882.90	25.00	Omjjara [GK]

Momelotinib 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14763B	1	..	..	5882.90	25.00	Omjjara [GK]

▪ RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18324

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority required (STREAMLINED)

18241

Intermediate-1 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

ruxolitinib 10 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10927D NP	1	5	..	4735.11	25.00	Jakavi [NV]

ruxolitinib 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10616R NP	2	5	..	*4758.12	25.00	Jakavi [NV]

▪ RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note No increase in the maximum quantity may be authorised for the 15 mg and 20 mg dose strengths.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18324

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Authority required (STREAMLINED)

18241

Intermediate-1 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

ruxolitinib 15 mg tablet, 56

10615Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4735.11	25.00	Jakavi [NV]

ruxolitinib 20 mg tablet, 56

10617T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4735.11	25.00	Jakavi [NV]

▪ RUXOLITINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

13906

Moderate to severe chronic graft versus host disease (cGVHD)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have received prior systemic steroid treatment for this condition, **AND**
- Patient must be one of the following: (i) refractory to steroid treatment, (ii) dependent on steroid treatment, (iii) intolerant to steroid treatment, **AND**
- The treatment must be the sole PBS-subsidised treatment for this condition with the exception of: (i) corticosteroids, (ii) calcineurin inhibitors.

Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by an oncologist with allogeneic bone marrow transplantation experience; OR
- Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types, **AND**
- Patient must be undergoing treatment with this drug following allogeneic haematopoietic stem cell transplantation.

The severity of cGVHD is defined by the **National Institutes of Health** (NIH) criteria (Jagasia et al., 2015):

(a) Moderate cGVHD: at least one organ (not lung) with a score of 2, 3 or more organs involved with a score of 1 in each organ, or lung score of 1

(b) Severe cGVHD: at least 1 organ with a score of 3, or lung score of 2 or 3

Steroid-refractory disease is defined as:

(a) a lack of response or disease progression after administration of a minimum prednisone dose of 1 mg/kg/day for at least 1 week (or equivalent); or

(b) disease persistence without improvement despite continued treatment with prednisone at greater than 0.5 mg/kg/day or 1 mg/kg/every other day for at least 4 weeks (or equivalent).

Steroid-dependent disease is defined as an increased prednisone dose to greater than 0.25 mg/kg/day after two unsuccessful attempts to taper the dose (or equivalent).

Steroid intolerance is defined as a patient developing an intolerance of a severity necessitating treatment withdrawal.

Details of prior steroid use should be documented in the patient's medical records.

A patient must demonstrate a response 24 weeks after initiating treatment with ruxolitinib to be eligible for continuing treatment.

Response is defined as attaining a complete or partial response as defined by the **National Institutes of Health** (NIH) criteria (Lee et al., 2015). Note that response is relative to the assessment of organ function affected by cGVHD prior to commencing initial treatment with ruxolitinib.

(a) complete response is defined as complete resolution of all signs and symptoms of cGVHD in all evaluable organs without initiation or addition of new systemic therapy.

(b) partial response is defined as an improvement in at least one organ (e.g. improvement of 1 or more points on a 4-to-7-point scale, or an improvement of 2 or more points on a 10-to-12-point scale) without progression in other organs or sites, initiation or addition of new systemic therapies.

The assessment of response must be documented in the patient's medical records.

This drug is not PBS-subsidised if it is prescribed to an in-patient in a public hospital setting.

Authority required (STREAMLINED)

13867

Moderate to severe chronic graft versus host disease (cGVHD)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have responding disease at 24 weeks compared with baseline, demonstrated by either a: (i) partial response, (ii) complete response, **AND**
- The treatment must be the sole PBS-subsidised treatment for this condition with the exception of: (i) corticosteroids, (ii) calcineurin inhibitors.

Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by an oncologist with allogeneic bone marrow transplantation experience; OR
- Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types.

Response is defined as attaining a complete or partial response as defined by the **National Institutes of Health** (NIH) criteria (Lee et al., 2015). Note that response is relative to the assessment of organ function affected by cGVHD prior to commencing initial treatment with ruxolitinib.

(a) complete response is defined as complete resolution of all signs and symptoms of cGVHD in all evaluable organs without initiation or addition of new systemic therapy.

(b) partial response is defined as an improvement in at least one organ (e.g. improvement of 1 or more points on a 4-to-7-point scale, or an improvement of 2 or more points on a 10-to-12-point scale) without progression in other organs or sites, initiation or addition of new systemic therapies.

The assessment of response must be documented in the patient's medical records.

Tapering the dose of corticosteroids should be considered in patients with responding disease. Following successful tapering of corticosteroids, tapering the dose of ruxolitinib can be initiated.

This drug is not PBS-subsidised if it is prescribed to an in-patient in a public hospital setting.

ruxolitinib 10 mg tablet, 56

13235N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4735.11	25.00	Jakavi [NV]

ruxolitinib 5 mg tablet, 56

13241X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2433.74	25.00	Jakavi [NV]

▪ RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note A patient may only qualify for PBS-subsidised treatment under this restriction twice in a lifetime. Patients reinitiating PBS-subsidised treatment following pregnancy are exempt from this rule.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Authority required

Intermediate-1 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- Patient must have severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; OR
- Patient must have intolerance to prior treatment with a JAK inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

ruxolitinib 10 mg tablet, 56

10913J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	4735.11	25.00	Jakavi [NV]

ruxolitinib 5 mg tablet, 56

10614P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*4758.12	25.00	Jakavi [NV]

▪ RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) or the Dynamic International Prognostic Scoring System (DIPSS) or the Age-Adjusted DIPSS.

Note A patient may only qualify for PBS-subsidised treatment under this restriction twice in a lifetime. Patients reinitiating PBS-subsidised treatment following pregnancy are exempt from this rule.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity may be authorised for the 15 mg and 20 mg dose strengths.

Note Special Pricing Arrangements apply.

Authority required

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Authority required

Intermediate-1 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be either: (i) primary myelofibrosis, (ii) post-polycythaemia vera myelofibrosis, (iii) post-essential thrombocythaemia myelofibrosis, confirmed through a bone marrow biopsy report, **AND**
- Patient must have severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; OR
- Patient must have intolerance to prior treatment with a JAK inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised JAK inhibitor therapy for this condition.

Details of the following must be documented in the patient's medical records:

(a) the bone marrow biopsy report confirming diagnosis of myelofibrosis (date, unique identifying number/code or provider number); and

(b) a classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

ruxolitinib 15 mg tablet, 56

10619X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	4735.11	25.00	Jakavi [NV]

ruxolitinib 20 mg tablet, 56

10618W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	4735.11	25.00	Jakavi [NV]

▪ RUXOLITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Polycythemia vera

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be resistant to hydroxycarbamide (hydroxyurea); OR
- Patient must have an intolerance to hydroxycarbamide (hydroxyurea) of a severity necessitating permanent treatment withdrawal; OR
- Patient must have developed a clinically important adverse event/contraindication to hydroxycarbamide (hydroxyurea) as defined in the TGA-approved Product Information necessitating permanent treatment withdrawal, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must be at least 18 years of age.

Hydroxycarbamide (hydroxyurea) resistance is defined as a minimum of 12 consecutive weeks treatment at a dose of at least 1.5 grams/day or at the maximum tolerated that still results in one of the following:

(i) the need to reduce haematocrit levels to below 45% through phlebotomy; or

(ii) a platelet count greater than 400 x 10^9/L and a white blood cell count greater than 10 x 10^9/L

If applicable, details of prior systemic treatment with hydroxycarbamide (hydroxyurea) that caused either (i) an intolerance, (ii) an adverse event as listed in the TGA-approved Product Information, or (iii) a contraindication as listed in the TGA-approved Product Information necessitating permanent treatment withdrawal should be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Polycythemia vera

Treatment Phase: Balance of Initial treatment - up to 48 weeks

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised treatment for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Polycythemia vera

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised treatment for this condition, **AND**
- Patient must have achieved and maintained a response to treatment with this drug for this condition.

Population criteria:

- Patient must be at least 18 years of age.

A response to treatment is defined as:

(i) Maintaining a haematocrit level of less than 45% without relying on phlebotomy and which was measured at least 12 weeks after the most recent phlebotomy procedure (if performed to reduce red blood cell levels); or

(ii) Ability to demonstrate or maintain a normal platelet count of less than or equal to 400 x 10^9/L; or

(iii) The absence of palpable splenomegaly.

The following must be documented in the patient's medical records:

(a) details (dates, unique identifying number/code, or provider number) of the pathology report confirming the patient has achieved and maintained a response within 48 weeks of treatment initiation; or

(b) confirmation that the patient does not have palpable splenomegaly.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Polycythemia vera

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have achieved and maintained a response to treatment with this drug for this condition.

Population criteria:

- Patient must be at least 18 years of age.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ruxolitinib 10 mg tablet, 56

14991B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4735.11	25.00	Jakavi [NV]

ruxolitinib 5 mg tablet, 56

14990Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2433.74	25.00	Jakavi [NV]

ruxolitinib 15 mg tablet, 56

15014F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4735.11	25.00	Jakavi [NV]

ruxolitinib 20 mg tablet, 56

15002N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4735.11	25.00	Jakavi [NV]

Vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitors

▪ AXITINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7433

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prescribers may request an increased maximum quantity sufficient to provide up to one month's supply for patients who require dose adjustment.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

axitinib 1 mg tablet, 28

10539Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1005.64	25.00	Inlyta [PF]

axitinib 5 mg tablet, 28

10556N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*4794.94	25.00	Inlyta [PF]

▪ AXITINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised treatment with this drug.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Prescribers may request an increased maximum quantity sufficient to provide up to one month's supply for patients who require dose adjustment.

axitinib 1 mg tablet, 28

10572K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*1005.64	25.00	Inlyta [PF]

axitinib 5 mg tablet, 28

10540R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*4794.94	25.00	Inlyta [PF]

▪ FRUQUINTINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18516

Metastatic colorectal cancer

Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- Patient must have/had a WHO performance status of 1 or less, prior to initiation of treatment with this drug for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this PBS indication; OR
- Patient must be each of: (i) currently receiving non-PBS-subsidised supply for this drug for this PBS indication, (ii) untreated with this drug at the time that non-PBS-subsidised supply was commenced, (iii) free of disease progression since commencing non-PBS-subsidised supply, **AND**
- Patient must have been previously treated with or not considered a candidate for treatment with fluoropyrimidine, oxaliplatin, irinotecan-based chemotherapies, an anti-vascular endothelial growth factor (anti-VEGF) agent and an anti-epidermal growth factor receptor (anti-EGFR) agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The patient's WHO performance status must be documented in the patient's medical records at the time the treatment is initiated.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once. Following completion of the initial PBS-subsidised course, further applications for treatment will be assessed under the continuing treatment restriction.

Authority required (STREAMLINED)

18520

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition.

fruquintinib 1 mg capsule, 21

15336E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*5582.88	25.00	Fruzaqla [TK]

fruquintinib 5 mg capsule, 21

15344N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6859.26	25.00	Fruzaqla [TK]

Bruton's tyrosine kinase (BTK) inhibitors

▪ ACALABRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Treatment of relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must not be undergoing retreatment (second/subsequent treatment course) with this drug where prior treatment of CLL/SLL with this same drug was unable to prevent disease progression, **AND**

- Patient must be undergoing treatment through this treatment phase listing for the first time (initial treatment); OR
- Patient must be undergoing continuing treatment through this treatment phase listing, with disease progression being absent, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

acalabrutinib 100 mg tablet, 56

13318Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7159.52	25.00	CALQUENCE [AP]

▪ ACALABRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First line drug treatment of this indication - as monotherapy

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; OR
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug - this is the first prescription for this drug; OR
- Patient must be undergoing continuing treatment with this drug - the condition has not progressed whilst the patient has actively been on this drug, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

acalabrutinib 100 mg tablet, 56

13792X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7159.52	25.00	CALQUENCE [AP]

▪ ACALABRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First line drug treatment of this indication - in combination with obinutuzumab

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; OR
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be initiated as a monotherapy for 1 Cycle with treatment in combination with obinutuzumab from Cycle 2 to 7 (refer to Product Information for timing of obinutuzumab and acalabrutinib doses) after which treatment must be monotherapy, **AND**
- The treatment must not be in combination with venetoclax.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug - this is the first prescription for this drug; OR
- Patient must be undergoing continuing treatment with this drug - the condition has not progressed whilst the patient has actively been on this drug, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

acalabrutinib 100 mg tablet, 56

13810W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	..	7159.52	25.00	CALQUENCE [AP]

▪ ACALABRUTINIB

Note For the purposes of administering this restriction, current Bruton's tyrosine kinase inhibitors are: acalabrutinib, ibrutinib, zanubrutinib

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Mantle cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be untreated with Bruton's tyrosine kinase inhibitor therapy; OR
- Patient must have developed intolerance to another Bruton's tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal, when treated for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required

Mantle cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

acalabrutinib 100 mg tablet, 56

13325H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7159.52	25.00	CALQUENCE [AP]

▪ ACALABRUTINIB

Note A patient may only qualify for PBS-subsidised treatment under this restriction twice in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Continuing treatment (treatment cycles 3 to 14 inclusive) of first-line therapy - in combination with venetoclax

Clinical criteria:

- Patient must have previously received this drug as their most recent course of PBS-subsidised treatment for this condition, **AND**
- The treatment must not exceed 14 cycles in total, measured from the initial dose, or, must not extend beyond disease progression, whichever comes first, **AND**
- The treatment must be in combination with venetoclax, **AND**
- The treatment must not be in combination with obinutuzumab.

Treatment criteria:

- Must be treated by a medical practitioner; OR

- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

acalabrutinib 100 mg tablet, 56

15354D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7159.52	25.00	CALQUENCE [AP]

▪ ACALABRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Grandfather arrangements - Transitioning from non-PBS to PBS-subsidised supply in first-line therapy

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 June 2026, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The condition must have been untreated with drug treatment at the time of the first dose of this drug; OR
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line treatment of CLL/SLL prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with venetoclax as continuing treatment for this condition (treatment cycles 3 to 14 inclusive); OR
- The treatment must be as monotherapy for initial treatment of this condition (treatment cycles 1 to 2 inclusive), **AND**
- The treatment must not be in combination with obinutuzumab, **AND**
- The treatment must not exceed 14 cycles in total with this drug, measured from the initial dose, or, must not extend beyond disease progression, whichever comes first.

A patient may qualify for PBS-subsidised treatment under this restriction once only.

For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the next relevant treatment phase.

acalabrutinib 100 mg tablet, 56

15356F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7159.52	25.00	CALQUENCE [AP]

▪ ACALABRUTINIB

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment (treatment cycles 1 to 2 inclusive) in first-line therapy

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; OR
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**

- The treatment must be initiated as monotherapy, with the intention of use in combination with venetoclax from cycle 3 to 14, **AND**
- The treatment must not be in combination with obinutuzumab.

acalabrutinib 100 mg tablet, 56

15360K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	7159.52	25.00	CALQUENCE [AP]

▪ IBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Treatment of relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must not be undergoing retreatment (second/subsequent treatment course) with this drug where prior treatment of CLL/SLL with this same drug was unable to prevent disease progression, **AND**
- Patient must be undergoing treatment through this treatment phase listing for the first time (initial treatment); OR
- Patient must be undergoing continuing treatment through this treatment phase listing, with disease progression being absent, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

ibrutinib 140 mg capsule, 90

11213E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	8079.74	25.00	Imbruvica [JC]

ibrutinib 280 mg tablet, 30

14074R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5430.62	25.00	Imbruvica [JC]

ibrutinib 420 mg tablet, 30

14085H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	8079.74	25.00	Imbruvica [JC]

▪ IBRUTINIB

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Second and final continuing treatment (treatment cycles 10 to 15 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with venetoclax (refer to Product Information for timing of ibrutinib and venetoclax doses), **AND**
- The treatment must cease upon disease progression; OR
- The treatment must cease upon completion of 15 cycles of treatment with this drug for this condition, whichever comes first.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

There are more ibrutinib capsules (or tablets) in a pack than is required for the completion of a treatment cycle. The patient must not discard any remaining capsules (or tablets) after the completion of any treatment cycle as these capsules (or tablets) will be required for the doses in the final treatment cycle (i.e. treatment cycle 15).

ibrutinib 140 mg capsule, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14596F NP	1	4	..	8079.74	25.00	Imbruvica [JC]

ibrutinib 280 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14612C NP	1	4	..	5430.62	25.00	Imbruvica [JC]

ibrutinib 420 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14621M NP	1	4	..	8079.74	25.00	Imbruvica [JC]

▪ IBRUTINIB

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First continuing treatment (treatment cycles 4 to 9 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with venetoclax (refer to Product Information for timing of ibrutinib and venetoclax doses), **AND**
- The treatment must cease upon disease progression.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

There are more ibrutinib capsules (or tablets) in a pack than is required for the completion of a treatment cycle. The patient must not discard any remaining capsules (or tablets) after the completion of any treatment cycle as these capsules (or tablets) will be required for the doses in the final treatment cycle (i.e. treatment cycle 15).

ibrutinib 140 mg capsule, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14604P NP	1	5	..	8079.74	25.00	Imbruvica [JC]

ibrutinib 280 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14620L NP	1	5	..	5430.62	25.00	Imbruvica [JC]

ibrutinib 420 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14603N NP	1	5	..	8079.74	25.00	Imbruvica [JC]

▪ IBRUTINIB

Note For the purposes of administering this restriction, current Bruton's tyrosine kinase inhibitors are: acalabrutinib, ibrutinib, zanubrutinib

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Mantle cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be untreated with Bruton's tyrosine kinase inhibitor therapy; OR
- Patient must have developed intolerance to another Bruton's tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal, when treated for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required

Mantle cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

ibrutinib 140 mg capsule, 120

11419B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	10721.09	25.00	Imbruvica [JC]

ibrutinib 280 mg tablet, 30

14079B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5430.62	25.00	Imbruvica [JC]

ibrutinib 420 mg tablet, 30

14075T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	8079.74	25.00	Imbruvica [JC]

ibrutinib 560 mg tablet, 30

14086J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	10721.09	25.00	Imbruvica [JC]

▪ IBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment in first-line therapy (treatment cycles 1 to 3 inclusive)

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; OR
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with venetoclax (refer to Product Information for timing of ibrutinib and venetoclax doses).

There are more ibrutinib capsules (or tablets) in a pack than is required for the completion of a treatment cycle. The patient must not discard any remaining capsules (or tablets) after the completion of any treatment cycle as these capsules (or tablets) will be required for the doses in the final treatment cycle (i.e. treatment cycle 15).

ibrutinib 140 mg capsule, 90

14597G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	8079.74	25.00	Imbruvica [JC]

ibrutinib 280 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14580J	1	2	..	5430.62	25.00	Imbruvica [JC]

ibrutinib 420 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14598H	1	2	..	8079.74	25.00	Imbruvica [JC]

▪ ZANUBRUTINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Waldenstrom macroglobulinaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior chemo-immunotherapy; OR
- Patient must be unsuitable for treatment with chemo-immunotherapy, defined by a Cumulative Illness Rating Scale of 6 or greater, if untreated (i.e. treatment-naive) for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- Patient must be untreated with a Bruton's tyrosine kinase inhibitor for this condition; OR
- Patient must have developed intolerance to another Bruton's tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal, when treated for this condition.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required

Waldenstrom macroglobulinaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

zanubrutinib 80 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13041J NP	1	5	..	8057.72	25.00	Brukinsa [IE]

▪ ZANUBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Treatment of relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must not be undergoing retreatment (second/subsequent treatment course) with this drug where prior treatment of CLL/SLL with this same drug was unable to prevent disease progression, **AND**
- Patient must be undergoing treatment through this treatment phase listing for the first time (initial treatment); OR
- Patient must be undergoing continuing treatment through this treatment phase listing, with disease progression being absent, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

zanubrutinib 80 mg capsule, 120

13616P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	8057.72	25.00	Brukinsa [IE]

▪ ZANUBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First line drug treatment of this indication

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; OR
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug - this is the first prescription for this drug; OR
- Patient must be undergoing continuing treatment with this drug - the condition has not progressed whilst the patient has actively been on this drug, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

zanubrutinib 80 mg capsule, 120

13628G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	8057.72	25.00	Brukinsa [IE]

▪ ZANUBRUTINIB

Note For the purposes of administering this restriction, current Bruton's tyrosine kinase inhibitors are: acalabrutinib, ibrutinib, zanubrutinib

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Mantle cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be untreated with Bruton's tyrosine kinase inhibitor therapy; OR
- Patient must have developed intolerance to another Bruton's tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal, when treated for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required

Mantle cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

zanubrutinib 80 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12891L NP	1	5	..	8057.72	25.00	Brukinsa [IE]

Phosphatidylinositol-3-kinase (Pi3K) inhibitors

▪ IDELALISIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17893

Refractory follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

idelalisib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12813J NP	1	5	..	5188.36	25.00	Zydelig [GI]

idelalisib 150 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12812H NP	1	5	..	5188.36	25.00	Zydelig [GI]

▪ IDELALISIB

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Refractory follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be refractory to a prior therapy with rituximab within 6 months after completion of treatment with rituximab, **AND**
- The condition must be refractory to a prior therapy with an alkylating agent within 6 months after completion of treatment with an alkylating agent, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The condition is considered refractory to a prior therapy when the patient experiences less than a partial response or progression of disease within 6 months after completion of the prior therapy.

The condition is considered refractory to both rituximab and an alkylating agent if the agents were administered together or in successive treatment regimens.

The date of completion of prior therapies with rituximab and an alkylating agent must be documented in the patient's medical records.

idelalisib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11171Y	1	5	..	5188.36	25.00	Zydelig [GI]

idelalisib 150 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11165P	1	5	..	5188.36	25.00	Zydelig [GI]

▪ IDELALISIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed Chronic lymphocytic leukaemia (CLL) prior to initiation of treatment; OR
- The condition must be confirmed Small lymphocytic lymphoma (SLL) prior to initiation of treatment, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 8 doses under this restriction, followed by monotherapy for this condition, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The condition must be CD20 positive, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for Chronic lymphocytic leukaemia; OR
- Patient must have previously received PBS-subsidised treatment with this drug for Small lymphocytic leukaemia, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

idelalisib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11170X NP	1	5	..	5188.36	25.00	Zydelig [GI]

idelalisib 150 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11162L NP	1	5	..	5188.36	25.00	Zydelig [GI]

Fibroblast growth factor receptor (FGFR) tyrosine kinase inhibitors

▪ FUTIBATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18828

Locally advanced or metastatic cholangiocarcinoma

Clinical criteria:

- Patient must have evidence of a fibroblast growth factor receptor 2 (FGFR2) fusion or rearrangement at treatment initiation, **AND**
- Patient must have/have had received at least one line of systemic therapy prior to treatment initiation, **AND**
- Patient must have/have had a World Health Organisation (WHO) performance status of no greater than 1 at treatment initiation with this drug, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Futibatinib 4 mg tablet, 35

15401N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*16717.28	25.00	Lytgobi [TJ]

Cellular-mesenchymal-epithelial transition factor (c-MET) kinase inhibitors

▪ TEPOTINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
13434
Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)
Treatment Phase: Initial treatment
Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of MET exon 14 skipping alterations in tumour material.

Authority required (STREAMLINED)
13441
Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

tepotinib 225 mg tablet, 60

13171F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	9253.40	25.00	Tepmetko [SG]

Other protein kinase inhibitors

▪ CABOZANTINIB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
17636
Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET) or extra-pancreatic neuroendocrine tumour (epNET)
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this drug more than once per lifetime.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
Patients who develop disease progression while receiving PBS-subsidised treatment with cabozantinib for this condition are not eligible to receive subsequent PBS-subsidised treatment with any of: (i) sunitinib, (ii) everolimus.
Patients who develop intolerance while receiving PBS-subsidised treatment with cabozantinib are eligible to receive subsequent PBS-subsidised treatment with any of: (i) sunitinib, (ii) everolimus.

cabozantinib 20 mg tablet, 30

15130H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

15114L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

15115M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	9628.56	25.00	Cabometyx [IS]

▪ CABOZANTINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17794

Stage IV renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

cabozantinib 20 mg tablet, 30

11374P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

11368H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

11367G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	9628.56	25.00	Cabometyx [IS]

▪ CABOZANTINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required (STREAMLINED)

17611

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET) or extra-pancreatic neuroendocrine tumour (epNET)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have received prior PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have progressive disease according to Response Evaluation Criteria in Solid Tumours (RECIST) following at least one prior systemic therapy other than a somatostatin analogue for this indication prior to initiating treatment with this drug, **AND**
- Patient must have had a WHO performance status score of no greater than 2 at treatment initiation with this drug.

Treatment criteria:

- Patient must not be undergoing treatment with this drug more than once per lifetime.

Patients who develop disease progression while receiving PBS-subsidised treatment with cabozantinib for this condition are not eligible to receive subsequent PBS-subsidised treatment with any of: (i) sunitinib, (ii) everolimus.

Patients who develop intolerance while receiving PBS-subsidised treatment with cabozantinib are eligible to receive subsequent PBS-subsidised treatment with any of: (i) sunitinib, (ii) everolimus.

Disease progression must be documented in the patient's medical records.

cabozantinib 20 mg tablet, 30

15124B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15129G	1	2	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15123Y	1	2	..	9628.56	25.00	Cabometyx [IS]

▪ CABOZANTINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note A prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk score can be calculated here: https://www.mdcalc.com/imdc-international-metastatic-rcc-database-consortium-risk-model-metastatic-renal-cell-carcinoma.
One point is assigned for each of:
(i) a time of diagnosis to systemic therapy of less than 1 year
(ii) a Karnofsky Performance Status of less than 80%
(iii) a haemoglobin less than the lower limit of normal
(iv) a corrected calcium level greater than the upper limit of normal
(v) a neutrophil count greater than the upper limit of normal
(vi) a platelet count greater than the upper limit of normal
Stated normal reference ranges may vary depending on the laboratory providing the measurement. 'Normal' here refers to the individual laboratory's stated normal reference range.
Favourable IMDC risk is a score of 0.
Intermediate IMDC risk is a score of 1 to 2.
Poor IMDC risk is a score of 3 to 6.
Document any IMDC risk score assessment in the patient's medical records.

Authority required (STREAMLINED)

15774

Stage IV renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be each of: (i) classified as having an intermediate to poor survival risk score according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), (ii) untreated with a tyrosine kinase inhibitor; OR
- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) despite treatment with a tyrosine kinase inhibitor, irrespective of the current IMDC survival risk score, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug for the first time at the time of the first PBS prescription.

cabozantinib 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11371L	1	2	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11369J	1	2	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11360X	1	2	..	9628.56	25.00	Cabometyx [IS]

▪ CABOZANTINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17791

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine; OR
- Patient must be deemed ineligible for treatment with radioactive iodine, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

cabozantinib 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14297L NP	1	5	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14254F NP	1	5	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14237H NP	1	5	..	9628.56	25.00	Cabometyx [IS]

▪ CABOZANTINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note Vascular endothelial growth factor (VEGF)-targeted tyrosine kinase inhibitor's (TKI) include: lenvatinib.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

15454

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine; OR
- Patient must be deemed ineligible for treatment with radioactive iodine, **AND**
- Patient must have progressive disease according to Response Evaluation Criteria in Solid Tumours (RECIST) whilst on treatment with a vascular endothelial growth factor (VEGF)-targeted tyrosine kinase inhibitor (TKI) for this indication; OR
- Patient must have developed intolerance of a severity necessitating permanent treatment withdrawal, in the absence of disease progression, to prior VEGF-targeted TKI therapy, **AND**
- Patient must have a WHO performance status of no higher than 2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have thyroid stimulating hormone adequately suppressed.

Radioactive iodine refractory is defined as:

(i) a lesion without iodine uptake on a radioactive iodine (RAI) scan; or

(ii) having received a cumulative RAI dose of greater than or equal to 600 mCi; or

(iii) progression within 12 months of a single RAI treatment; or

(iv) progression after two RAI treatments administered within 12 months of each other.

cabozantinib 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14265T	1	2	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14246T	1	2	..	9628.56	25.00	Cabometyx [IS]

cabozantinib 60 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14224P	1	2	..	9628.56	25.00	Cabometyx [IS]

▪ CAPIVASERTIB

Note AKT pathway testing is recommended (where possible) for PIK3CA, AKT1 and PTEN gene variants.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Locally advanced or metastatic breast cancer

Clinical criteria:

- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be estrogen receptor positive, **AND**
- The treatment must be in combination with fulvestrant, **AND**
- The treatment must be following progression on at least one endocrine-based regimen in the metastatic setting; OR
- The treatment must be following recurrence on or within 12 months of completing endocrine-based adjuvant therapy.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Confirm that the following information is documented/retained in the patient's medical records once only with the first PBS prescription:

1) Evidence of HER2 negative status (evidence obtained in relation to past PBS treatment is acceptable).

2) Evidence of HR status.

capivasertib 160 mg tablet, 64

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15049C	1	5	..	8697.30	25.00	Truqap [AP]

capivasertib 200 mg tablet, 64

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15059N	1	5	..	8697.30	25.00	Truqap [AP]

▪ ENTRECTINIB

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing, **AND**
- Patient must not have received prior treatment with a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor for this condition; OR
- Patient must have developed intolerance to a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor necessitating permanent treatment withdrawal.

Applications for authorisation of initial treatment must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be documented in the patient's medical records:

(a) evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

entrectinib 200 mg capsule, 90

12092K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7039.69	25.00	Rozlytrek [RO]

▪ GILTERITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Relapsed or refractory Acute Myeloid Leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must not be for maintenance therapy post-transplant.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, following a response to gilteritinib, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

Progressive disease is defined as the presence of any of the following:

(a) Leukaemic cells in the CSF; or

(b) Re-appearance of circulating blast cells in the peripheral blood, not attributable to overshoot following recovery from myeloablative therapy; or

(c) Greater than 5 % blasts in the marrow not attributable to bone marrow regeneration or another cause; or

(d) Extramedullary leukaemia.

gilteritinib 40 mg tablet, 84

13094E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	25315.36	25.00	Xospata [LL]

▪ GILTERITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Relapsed or refractory Acute Myeloid Leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The condition must not be acute promyelocytic leukaemia, **AND**
- The condition must be internal tandem duplication (ITD) and/or tyrosine kinase domain (TKD) FMS tyrosine kinase 3 (FLT3) mutation positive before initiating this drug for this condition, confirmed through a pathology report from an Approved Pathology Authority, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 prior to treatment initiation, **AND**
- The treatment must not be for maintenance therapy post-transplant.

The prescriber must confirm whether the patient has FLT3 ITD or TKD mutation. The test result and date of testing must be provided at the time of application and documented in the patient's file.

gilteritinib 40 mg tablet, 84

13093D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	25315.36	25.00	Xospata [LL]

▪ LAROTRECTINIB

Note For a patient who has received non-PBS-subsidised supply of this drug, apply under an 'Initial treatment' phase listing provided that they meet all stated PBS eligibility criteria.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Solid tumours with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion

Treatment Phase: Continuing treatment

Treatment criteria:

- Patient must be undergoing continuing PBS-subsidised treatment commenced through an 'Initial treatment' listing for solid tumours (of any type) with confirmed NTRK gene fusion where treatment with this drug is/was initiated in a child; OR
- Patient must be undergoing continuing PBS-subsidised treatment commenced through an 'Initial treatment' listing for solid tumours (of certain specified types) with confirmed NTRK gene fusion which either includes: (i) mammary analogue secretory carcinoma of the salivary gland, (ii) secretory breast carcinoma.

Clinical criteria:

- The treatment must cease to be a PBS benefit upon radiographic progression, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Where radiographic progression is observed, mark any remaining repeat prescriptions with the word 'cancelled'.

larotrectinib 20 mg/mL oral liquid, 2 x 50 mL

13289K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3498.36	25.00	Vitrakvi [BN]

larotrectinib 100 mg capsule, 56

13043L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	10230.36	25.00	Vitrakvi [BN]

larotrectinib 25 mg capsule, 56

13027P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2656.86	25.00	Vitrakvi [BN]

▪ LAROTRECTINIB

Note For a patient who has received non-PBS-subsidised supply of this drug, apply under an 'Initial treatment' phase listing provided that they meet all stated PBS eligibility criteria.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Solid tumours (of certain specified types) with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed to be positive for a neurotrophic tropomyosin receptor kinase (NTRK) gene fusion prior to treatment initiation with this drug through a pathology report from an Approved Pathology Authority - provide the following evidence: (i) the date of the pathology report substantiating the positive NTRK gene fusion, (ii) the name of the pathology service provider, (iii) the unique identifying number/code linking the pathology test result to the patient; the recency of the pathology report may be of any date, **AND**
- The condition must be non-small cell lung cancer confirmed through a pathology report from an Approved Pathology Authority (of any date); OR

- The condition must be soft tissue sarcoma confirmed through a pathology report from an Approved Pathology Authority (of any date); OR
- The condition must be confirmed through a pathology report from an Approved Pathology Authority (of any date) as either: (i) glioma, (ii) glioneuronal tumour, (iii) glioblastoma, **AND**
- The condition must be metastatic disease; OR
- The condition must be both: (i) locally advanced, (ii) unresectable; OR
- The condition must be locally advanced where surgical resection is likely to result in severe morbidity, **AND**
- Patient must have received prior systemic treatment for this disease; OR
- Patient must have a condition that predisposes them to an unacceptable risk of intolerance to other systemic therapies, **AND**
- The treatment must be the sole PBS-subsidised anti-cancer therapy for this condition, **AND**
- Patient must not receive more than 3 months of treatment under this restriction.

Treatment criteria:

- Patient must not be undergoing treatment through this Initial treatment phase listing where the patient has developed disease progression while receiving this drug for this condition.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail, and must include:

(a) details of the pathology report substantiating the positive NTRK gene fusion. The recency of the pathology report may be of any date.

(b) details of the pathology report establishing the carcinoma type (non-small cell lung cancer, soft tissue sarcoma or either glioma/ glioneuronal tumour/ glioblastoma) being treated, if different to the pathology report provided to substantiate the NTRK gene fusion.

(c) details of prior systemic treatment for this disease or details of the condition that predisposes the patient to an unacceptable risk of intolerance to other systemic therapies.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

larotrectinib 20 mg/mL oral liquid, 2 x 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14230Y	1	2	..	3498.36	25.00	Vitrakvi [BN]

larotrectinib 100 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14300P	1	2	..	10230.36	25.00	Vitrakvi [BN]

larotrectinib 25 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14257J	1	2	..	2656.86	25.00	Vitrakvi [BN]

▪ LAROTRECTINIB

Note For a patient who has received non-PBS-subsidised supply of this drug, apply under an 'Initial treatment' phase listing provided that they meet all stated PBS eligibility criteria.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Solid tumours (of certain specified types) with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be either: (i) non-small cell lung cancer, (ii) soft tissue sarcoma, (iii) glioma, (iv), glioneuronal tumour, (v) glioblastoma, **AND**
- The treatment must cease to be a PBS benefit upon radiographic progression, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Population criteria:

- Patient must be at least 18 years of age.

Where radiographic progression is observed, mark any remaining repeat prescriptions with the word 'cancelled'.

larotrectinib 20 mg/mL oral liquid, 2 x 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14256H	1	5	..	3498.36	25.00	Vitrakvi [BN]

larotrectinib 100 mg capsule, 56

14282Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	10230.36	25.00	Vitrakvi [BN]

larotrectinib 25 mg capsule, 56

14258K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	2656.86	25.00	Vitrakvi [BN]

▪ LAROTRECTINIB

Note For a patient who has received non-PBS-subsidised supply of this drug, apply under an 'Initial treatment' phase listing provided that they meet all stated PBS eligibility criteria.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Solid tumours (of any type) with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion where treatment with this drug is/was initiated in a child

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed to be positive for a neurotrophic tropomyosin receptor kinase (NTRK) gene fusion prior to treatment initiation with this drug through a pathology report from an Approved Pathology Authority - provide the following evidence: (i) the date of the pathology report substantiating the positive NTRK gene fusion, (ii) the name of the pathology service provider, (iii) the unique identifying number/code linking the pathology test result to the patient; the recency of the pathology report may be of any date, **AND**
- The condition must be metastatic disease; OR
- The condition must be both: (i) locally advanced, (ii) unresectable; OR
- The condition must be both: (i) locally advanced, (ii) require disfiguring surgery/limb amputation to achieve complete surgical resection, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Treatment criteria:

- Patient must not be undergoing treatment through this Initial treatment phase listing where the patient has developed disease progression while receiving this drug for this condition.

Population criteria:

- Patient must be/have been under 18 years of age (i.e. prior to their 18th birthday) at treatment initiation with this drug.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail, and must include:

(a) details of the pathology report substantiating the positive NTRK gene fusion. The recency of the pathology report may be of any date.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority required

Solid tumours (of certain specified types) with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed to be positive for a neurotrophic tropomyosin receptor kinase (NTRK) gene fusion prior to treatment initiation with this drug through a pathology report from an Approved Pathology Authority - provide the following evidence: (i) the date of the pathology report substantiating the positive NTRK gene fusion, (ii) the name of the pathology service provider, (iii) the unique identifying number/code linking the pathology test result to the patient; the recency of the pathology report may be of any date, **AND**
- The condition must be a mammary analogue secretory carcinoma of the salivary gland confirmed through a pathology report from an Approved Pathology Authority (of any date); OR
- The condition must be a secretory breast carcinoma confirmed through a pathology report from an Approved Pathology Authority (of any date), **AND**
- The condition must be metastatic disease; OR

- The condition must be both: (i) locally advanced, (ii) unresectable; OR
- The condition must be both: (i) locally advanced, (ii) require disfiguring surgery/limb amputation to achieve complete surgical resection, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Treatment criteria:

- Patient must not be undergoing treatment through this Initial treatment phase listing where the patient has developed disease progression while receiving this drug for this condition.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail, and must include:

(a) details of the pathology report substantiating the positive NTRK gene fusion. The recency of the pathology report may be of any date.

(b) details of the pathology report establishing the carcinoma type (salivary gland/secretory breast carcinoma) being treated, if different to the pathology report provided to substantiate the NTRK gene fusion.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

larotrectinib 20 mg/mL oral liquid, 2 x 50 mL

13281B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3498.36	25.00	Vitrakvi [BN]

larotrectinib 100 mg capsule, 56

13031W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	10230.36	25.00	Vitrakvi [BN]

larotrectinib 25 mg capsule, 56

13029R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	2656.86	25.00	Vitrakvi [BN]

▪ LENVATINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17793

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be suitable for transarterial chemoembolisation, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have Child Pugh class A, **AND**
- The condition must be untreated with systemic therapy; OR
- Patient must have developed intolerance of a severity necessitating permanent treatment withdrawal, in the absence of disease progression, to any of the following: (i) a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI), (ii) atezolizumab/bevacizumab combination therapy, (iii) durvalumab/tremelimumab combination therapy.

Treatment criteria:

- Must be treated by a medical practitioner.

Authority required (STREAMLINED)

18018

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

lenvatinib 4 mg capsule, 30

11638M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	2	..	*6298.35	25.00	Lenvima [EI]

▪ LENVATINIB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17864

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have symptomatic progressive disease prior to treatment; OR
- Patient must have progressive disease at critical sites with a high risk of morbidity or mortality where local control cannot be achieved by other measures, **AND**
- Patient must have thyroid stimulating hormone adequately suppressed, **AND**
- Patient must be one in whom surgery is inappropriate, **AND**
- Patient must not be a candidate for radiotherapy with curative intent, **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Must be treated by a medical practitioner.

Radioactive iodine refractory is defined as:

(i) a lesion without iodine uptake on a radioactive iodine (RAI) scan; or

(ii) having received a cumulative RAI dose of greater than or equal to 600 mCi; or

(iii) progression within 12 months of a single RAI treatment; or

(iv) progression after two RAI treatments administered within 12 months of each other.

Authority required (STREAMLINED)

17865

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

lenvatinib 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10965D NP	2	2	..	*4235.36	25.00	Lenvima [EI]

lenvatinib 4 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10952K NP	1	2	..	2172.36	25.00	Lenvima [EI]

▪ LENVATINIB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17786

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk classification score at treatment initiation with this drug and pembrolizumab of either: (i) 1 to 2 (intermediate risk), (ii) 3 to 6 (poor risk); document the IMDC risk classification score in the patient's medical records, **AND**
- The condition must be untreated, **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; OR

- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records, **AND**
- Must be treated by a medical practitioner.

Note A prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk score can be calculated here: https://www.mdcalc.com/imdc-international-metastatic-rcc-database-consortium-risk-model-metastatic-renal-cell-carcinoma.
One point is assigned for each of:
(i) a time of diagnosis to systemic therapy of less than 1 year
(ii) a Karnofsky Performance Status of less than 80%
(iii) a haemoglobin less than the lower limit of normal
(iv) a corrected calcium level greater than the upper limit of normal
(v) a neutrophil count greater than the upper limit of normal
(vi) a platelet count greater than the upper limit of normal
Stated normal reference ranges may vary depending on the laboratory providing the measurement. 'Normal' here refers to the individual laboratory's stated normal reference range.
Favourable IMDC risk is a score of 0.
Intermediate IMDC risk is a score of 1 to 2.
Poor IMDC risk is a score of 3 to 6.
Document any IMDC risk score assessment in the patient's medical records.

Authority required (STREAMLINED)

17860

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; OR
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records; OR
- Patient must be undergoing monotherapy with this drug after completing an equivalent of 24 cumulative months of pembrolizumab treatment, measured from the first administered dose, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

In a patient who has experienced an intolerance to pembrolizumab, details of intolerance must be documented in the patient's medical record.

lenvatinib 4 mg capsule, 30

13252L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*4235.36	25.00	Lenvima [EI]

▪ LENVATINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17943

Advanced, metastatic or recurrent endometrial carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have received prior treatment with platinum-based chemotherapy, **AND**
- The condition must be untreated with each of: (i) programmed cell death-1/ligand-1 (PD-1/PDL-1) inhibitor therapy, (ii) tyrosine kinase inhibitor therapy, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 1 prior to treatment initiation.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; OR
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records, **AND**
- Must be treated by a medical practitioner.

Authority required (STREAMLINED)

18017

Advanced, metastatic or recurrent endometrial carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; OR
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records; OR
- Patient must be undergoing monotherapy with this drug after completing an equivalent of 24 cumulative months of pembrolizumab treatment, measured from the first administered dose, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

lenvatinib 10 mg capsule, 30

13283D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*4235.36	25.00	Lenvima [EI]

lenvatinib 4 mg capsule, 30

13290L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*4235.36	25.00	Lenvima [EI]

▪ LENVATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17786

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk classification score at treatment initiation with this drug and pembrolizumab of either: (i) 1 to 2 (intermediate risk), (ii) 3 to 6 (poor risk); document the IMDC risk classification score in the patient's medical records, **AND**
- The condition must be untreated, **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; OR
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records, **AND**
- Must be treated by a medical practitioner.

Note A prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk score can be calculated here: https://www.mdcalc.com/imdc-international-metastatic-rcc-database-consortium-risk-model-metastatic-renal-cell-carcinoma.
One point is assigned for each of:
(i) a time of diagnosis to systemic therapy of less than 1 year
(ii) a Karnofsky Performance Status of less than 80%
(iii) a haemoglobin less than the lower limit of normal
(iv) a corrected calcium level greater than the upper limit of normal
(v) a neutrophil count greater than the upper limit of normal
(vi) a platelet count greater than the upper limit of normal
Stated normal reference ranges may vary depending on the laboratory providing the measurement. 'Normal' here refers to the individual laboratory's stated normal reference range.
Favourable IMDC risk is a score of 0.
Intermediate IMDC risk is a score of 1 to 2.
Poor IMDC risk is a score of 3 to 6.
Document any IMDC risk score assessment in the patient's medical records.

Authority required (STREAMLINED)

17860

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing combination therapy consisting of: (i) pembrolizumab, (ii) lenvatinib; OR
- Patient must be undergoing monotherapy with this drug due to a contraindication/intolerance to the other drug in the combination mentioned above, requiring temporary/permanent discontinuation; document the details in the patient's medical records; OR

- Patient must be undergoing monotherapy with this drug after completing an equivalent of 24 cumulative months of pembrolizumab treatment, measured from the first administered dose, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

In a patient who has experienced an intolerance to pembrolizumab, details of intolerance must be documented in the patient's medical record.

lenvatinib 10 mg capsule, 30

13253M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*4235.36	25.00	Lenvima [EI]

▪ NINTEDANIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 1 - new patient

Clinical criteria:

- The condition must be diagnosed through a multidisciplinary team, **AND**
- Patient must have chest high resolution computed tomography (HRCT) consistent with diagnosis of idiopathic pulmonary fibrosis within the previous 12 months, **AND**
- Patient must have a forced vital capacity (FVC) greater than or equal to 50% predicted for age, gender and height, **AND**
- Patient must have a forced expiratory volume in 1 second to forced vital capacity ratio (FEV1/FVC) greater than 0.7, **AND**
- Patient must not have had an acute respiratory infection at the time of FVC measurement, **AND**
- Patient must have diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin equal to or greater than 30%, **AND**
- Patient must not have interstitial lung disease due to other known causes including domestic and occupational environmental exposures, connective tissue disease, or drug toxicity, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit only where the prescriber has explained to the patient/patient's guardian the following: (i) that certain diagnostic criteria must be met to be eligible to initiate treatment, (ii) continuing treatment is not based on quantified improvements in diagnostic measurements, but will be determined by clinician judgement.

A multidisciplinary team is defined as comprising of at least a specialist respiratory physician, a radiologist and where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

Document in the patient's medical records the qualifying FVC, FEV1/FVC ratio and DLCO measurements. Retain medical imaging in the patient's medical records.

Applications for authorisation under this treatment phase must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 2 - change or recommencement of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with nintedanib or pirfenidone for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

nintedanib 100 mg capsule, 60

11100F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1680.56	25.00	Ofev [BY]

nintedanib 150 mg capsule, 60

11106M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3269.59	25.00	Ofev [BY]

▪ NINTEDANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Progressive fibrosing Interstitial lung disease

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed through a multidisciplinary team, **AND**
- The condition must have chest imaging through high resolution computed tomography (HRCT) that is no older than 12 months, to support the diagnosis of the PBS indication, **AND**
- The condition must display, through HRCT, an affected area of no less than 10% (after rounding to the nearest multiple of 5), **AND**
- Patient must have a current (no older than 2 years) forced vital capacity (FVC) measurement of no less than 45% predicted**,** adjusted for each of: (i) age, (ii) gender, (iii) height, **AND**
- The condition must be of a progressive nature, observed by, in the 2 years leading up to this authority application, any of: (i) a worsening in relative FVC% predicted measurement of no less than 10%, (ii) a worsening in relative FVC% predicted measurement in the range 5-10%, combined with worsening of respiratory symptoms, (iii) a worsening in relative FVC% predicted measurement in the range 5-10%, combined with increases in fibrosis observed on HRCT; document at least one of (i) to (iii) in the patient's medical records, **AND**
- Patient must have a forced expiratory volume in 1 second to forced vital capacity ratio (FEV1/FVC) greater than 0.7, **AND**
- Patient must not have had an acute respiratory infection at the time of FVC measurement, **AND**
- Patient must have diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin that is both: (i) at least 30% predicted, (ii) no greater than 80% predicted, **AND**
- The condition must not be interstitial lung disease due to idiopathic pulmonary fibrosis (apply under the correct PBS listing if it is), **AND**
- The condition must not be due to reversible causes (e.g. drug toxicity).

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**

- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit only where the prescriber has explained to the patient/patient's guardian the following: (i) that certain diagnostic criteria must be met to be eligible to initiate treatment, (ii) continuing treatment is not based on quantified improvements in diagnostic measurements, but will be determined by clinician judgement.

Applications for authorisation under this treatment phase must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

A multidisciplinary team is defined as comprising of at least a specialist respiratory physician, a radiologist and where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

Document in the patient's medical records the qualifying FVC, FEV1/FVC ratio and DLCO measurements. Retain medical imaging in the patient's medical records.

Note Interstitial lung disease includes, but is not limited to:
(i) connective tissue associated interstitial lung disease;
(ii) chronic fibrosing hypersensitivity pneumonitis;
(iii) idiopathic non-specific interstitial pneumonia;
(iv) pulmonary sarcoidosis.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Progressive fibrosing Interstitial lung disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

nintedanib 100 mg capsule, 60

12967L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1680.56	25.00	Ofev [BY]

nintedanib 150 mg capsule, 60

12953R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3269.59	25.00	Ofev [BY]

▪ PAZOPANIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required (STREAMLINED)

11939

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- Patient must require dose adjustment, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

pazopanib 200 mg tablet, 30

2232L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	445.11	25.00	[a] Pazopanib ADVZ [BZ] [a] Pazopanib-RZ [XT]	[a] Pazopanib Dr.Reddy's [RZ] [a] Votrient [NV]

pazopanib 400 mg tablet, 30

2201W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	880.86	25.00	[a] Pazopanib ADVZ [BZ] [a] Pazopanib-RZ [XT]	[a] Pazopanib Dr.Reddy's [RZ] [a] Votrient [NV]

▪ PAZOPANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9247

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have received prior chemotherapy treatment including an anthracycline, **AND**
- Patient must not have received prior treatment with an angiogenesis inhibitor, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patient must not have any of the following conditions:

adipocytic soft tissue sarcoma;

gastrointestinal stromal tumour (GIST);

rhabdomyosarcoma other than alveolar or pleomorphic;

chondrosarcoma;

osteosarcoma;

Ewings tumour/primitive neuroectodermal tumour;

dermofibromatosis sarcoma protuberans;

inflammatory myofibroblastic sarcoma;

malignant mesothelioma;

mixed mesodermal tumour of the uterus.

pazopanib 200 mg tablet, 90

10042M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1311.93	25.00	[a] Pazopanib ADVZ [BZ] [a] Pazopanib-RZ [XT]	[a] Pazopanib Dr.Reddy's [RZ] [a] Votrient [NV]

pazopanib 400 mg tablet, 60

10041L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1738.07	25.00	[a] Pazopanib ADVZ [BZ] [a] Pazopanib-RZ [XT]	[a] Pazopanib Dr.Reddy's [RZ] [a] Votrient [NV]

▪ PAZOPANIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7458

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**

- The treatment must be the sole PBS-subsidised therapy for this condition.

pazopanib 200 mg tablet, 90

10047T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1311.93	25.00	[a] Pazopanib ADVZ [BZ] [a] Pazopanib-RZ [XT]	[a] Pazopanib Dr.Reddy's [RZ] [a] Votrient [NV]

pazopanib 400 mg tablet, 60

10043N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1738.07	25.00	[a] Pazopanib ADVZ [BZ] [a] Pazopanib-RZ [XT]	[a] Pazopanib Dr.Reddy's [RZ] [a] Votrient [NV]

▪ PAZOPANIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7459

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- Patient must require dose adjustment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

pazopanib 200 mg tablet, 30

10054E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	445.11	25.00	[a] Pazopanib ADVZ [BZ] [a] Pazopanib-RZ [XT]	[a] Pazopanib Dr.Reddy's [RZ] [a] Votrient [NV]

pazopanib 400 mg tablet, 30

10052C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	880.86	25.00	[a] Pazopanib ADVZ [BZ] [a] Pazopanib-RZ [XT]	[a] Pazopanib Dr.Reddy's [RZ] [a] Votrient [NV]

▪ PAZOPANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required (STREAMLINED)

11937

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

pazopanib 200 mg tablet, 90

11252F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1311.93	25.00	[a] Pazopanib ADVZ [BZ] [a] Pazopanib-RZ [XT]	[a] Pazopanib Dr.Reddy's [RZ] [a] Votrient [NV]

pazopanib 400 mg tablet, 60

11261Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1738.07	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]

	[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

▪ PAZOPANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Patients who have developed intolerance to sunitinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised pazopanib.

Note Patients who have progressive disease with pazopanib are no longer eligible for PBS-subsidised pazopanib.

Authority required (STREAMLINED)

11974

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be classified as favourable to intermediate risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

pazopanib 200 mg tablet, 90

2029T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1311.93	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
					[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

pazopanib 400 mg tablet, 60

2030W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1738.07	25.00	[a] Pazopanib ADVZ [BZ]	[a] Pazopanib Dr.Reddy's [RZ]
					[a] Pazopanib-RZ [XT]	[a] Votrient [NV]

▪ REPOTRECTINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

The authority application must be via the Online PBS Authorities System or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include the following:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be documented in the patient's medical records:

(a) evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

repotrectinib 40 mg capsule, 120

15280F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7811.21	25.00	Augtyro [BQ]

▪ REPOTRECTINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.

The authority application must be via the Online PBS Authorities System or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include the following:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be documented in the patient's medical records:

(a) evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

repotrectinib 160 mg capsule, 60

15288P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	9822.36	25.00	Augtyro [BQ]

▪ RIPRETINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Special Pricing Arrangements apply.

Authority required

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must not be resectable, **AND**
- The treatment must be as monotherapy, **AND**
- The condition must have progressed despite treatment with all drugs PBS-listed specifically for this PBS-indication; OR
- The condition must have progressed despite each of: (i) treatment with a drug PBS-listed specifically listed for this PBS-indication, (ii) an intolerance/expected intolerance to all other drugs PBS-listed for this specific PBS-indication, **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Patient must be undergoing PBS-subsidised treatment with this drug for the first time - retreatment/continuing treatment beyond the available repeat prescription is not permitted under this listing; see 'Continuing treatment' Treatment Phase listing to continue PBS-subsidised treatment in a patient without disease progression.

Note Currently PBS-listed drugs with the indication of: 'metastatic or unresectable malignant gastrointestinal stromal tumour' are: imatinib and sunitinib

Authority required

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must not be resectable, **AND**
- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be as monotherapy, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

ripretinib 50 mg tablet, 90

12764T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	16474.30	25.00	Qinlock [ZB]

▪ SELPERCATINIB

Note Pharmaceutical benefits that have the forms Selpercatinib 40 mg tablet and Selpercatinib 40 mg capsule are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16270

Locally advanced or metastatic non-small cell lung cancer

Clinical criteria:

- The condition must have evidence of rearranged during transfection (RET) gene fusion in tumour material - this evidence has been obtained prior to commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 at treatment initiation, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- Patient must be initiating treatment with this drug; OR
- Patient must be continuing treatment with this drug, with an absence of further disease progression while being treated with this drug.

Medical practitioners must prescribe the appropriate quantities of appropriate strength(s) to provide sufficient drug, based on the weight of the patient, adequate for 4 weeks per dispensing, according to the specified dosage in the approved Therapeutic Goods Administration (TGA) Product Information (PI). A separate authority prescription form must be completed for each strength requested.

Selpercatinib 40 mg tablet, 56

15371B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2146.86	25.00	Retevmo [LY]

▪ SELPERCATINIB

Note Pharmaceutical benefits that have the forms Selpercatinib 80 mg tablet and Selpercatinib 80 mg capsule are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16282

Locally advanced or metastatic non-small cell lung cancer

Clinical criteria:

- The condition must have evidence of rearranged during transfection (RET) gene fusion in tumour material - this evidence has been obtained prior to commencing treatment with this drug, **AND**

- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 at treatment initiation, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- Patient must be initiating treatment with this drug; OR
- Patient must be continuing treatment with this drug, with an absence of further disease progression while being treated with this drug.

Medical practitioners must prescribe the appropriate quantities of appropriate strength(s) to provide sufficient drug, based on the weight of the patient, adequate for 4 weeks per dispensing, according to the specified dosage in the approved Therapeutic Goods Administration (TGA) Product Information (PI). A separate authority prescription form must be completed for each strength requested.

Medical practitioners may prescribe selpercatinib 80 mg with a quantity of up to 56 units where the dose does not exceed 120 mg twice daily (i.e., in combination with selpercatinib 40 mg). Selpercatinib 80 mg with a quantity of 112 units must be prescribed only where the dose is 160 mg twice daily to provide 28 days of treatment per dispensing. Prescribers should refer to the TGA PI for dosing and dose adjustments regimens.

Selpercatinib 80 mg tablet, 56

15416J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*8213.36	25.00	Retevmo [LY]

▪ SORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised treatment with this drug.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

sorafenib 200 mg tablet, 60

10226F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*4222.50	25.00	Nexavar [BN]

▪ SORAFENIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7487

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

sorafenib 200 mg tablet, 60

10242C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*4222.50	25.00	Nexavar [BN]

▪ SORAFENIB

Note Sorafenib is not PBS-subsidised for adjunctive treatment after resection, ablation or chemoembolization.
Sorafenib is not PBS-subsidised for maintenance therapy after disease progression.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17504

Advanced Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have Child Pugh class A, **AND**
- The condition must be untreated with systemic therapy; OR
- Patient must have developed intolerance of a severity necessitating permanent treatment withdrawal, in the absence of disease progression, to any of the following: (i) a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI), (ii) atezolizumab/bevacizumab combination therapy, (iii) durvalumab/tremelimumab combination therapy.

Authority required (STREAMLINED)

17436

Advanced Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

sorafenib 200 mg tablet, 60

9380Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*4222.50	25.00	Nexavar [BN]

▪ SUNITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17862

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have disease progression, **AND**
- The treatment must be as monotherapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

sunitinib 12.5 mg capsule, 28

10009T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

2842N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1015.87	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

sunitinib 50 mg capsule, 28

10010W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	2026.44	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

sunitinib 37.5 mg capsule, 28

10473F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1508.73	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

▪ SUNITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be symptomatic (despite somatostatin analogues); OR
- Patient must have disease progression, **AND**
- The treatment must be as monotherapy.

Disease progression must be documented in the patient's medical records.

Patients who have developed progressive disease with any of: (i) everolimus; (ii) cabozantinib are not eligible to receive PBS-subsidised treatment with sunitinib for this condition.

Patients who have developed intolerance with any of: (i) everolimus; (ii) cabozantinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised sunitinib.

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10004M	1	2	..	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2959R	1	2	..	1015.87	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2837H	1	2	..	2026.44	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10464R	1	2	..	1508.73	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

▪ SUNITINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17856

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9420T (NP)	1	3	..	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9421W	1	3	..	1015.87	25.00	[a] ARX-Sunitinib [XT]	[a] Sunitinib Sandoz [SZ]

[a] Sutent [PF]

NP sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9422X	1	3	..	2026.44	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

NP

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10459L	1	3	..	1508.73	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

NP

▪ SUNITINIB

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must not be resectable, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have previously failed or be intolerant to imatinib mesilate.

Applications for authorisation must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) A completed authority prescription form; and

(b) A completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib.

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9488J	1	1	..	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9489K	1	1	..	1015.87	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9490L	1	1	..	2026.44	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10503T	1	1	..	1508.73	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

▪ SUNITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Patients who have developed intolerance to pazopanib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised sunitinib.

Note Patients who have progressive disease with sunitinib are no longer eligible for PBS-subsidised sunitinib.

Authority required (STREAMLINED)

11878

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be classified as favourable to intermediate risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9417P	1	1	..	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9418Q	1	1	..	1015.87	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9419R	1	1	..	2026.44	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10504W	1	1	..	1508.73	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

▪ SUNITINIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS subsidised imatinib after progression on this drug

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17789

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must not be resectable, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

sunitinib 12.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11266Y NP	1	1	..	509.46	25.00	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11253G NP	1	1	..	1015.87	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

sunitinib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11250D NP	1	1	..	2026.44	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

sunitinib 37.5 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11256K NP	1	1	..	1508.73	25.00	[a] ARX-Sunitinib [XT] [a] Sutent [PF]	[a] Sunitinib Sandoz [SZ]

MONOCLONAL ANTIBODIES AND ANTIBODY DRUG CONJUGATES

CD38 (Clusters of Differentiation 38) inhibitors

▪ DARATUMUMAB

Note This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Relapsed and/or refractory multiple myeloma

Treatment Phase: Initial treatment as second-line drug therapy for weeks 1 to 9 (administered once weekly)

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must have progressive disease after only one prior therapy (i.e. use must be as second-line drug therapy; use as third-line drug therapy or beyond is not PBS-subsidised).

Treatment criteria:

- Patient must be undergoing PBS-subsidised treatment with this drug once per lifetime. Meaning, patient must access this drug in one of the following situations: (i) for the first time, irrespective of whether the diagnosis has been re-classified (i.e. the diagnosis has changed between multiple myeloma/amyloidosis), or irrespective of whether the disease staging has been changed (i.e. disease has changed from untreated multiple myeloma to relapsed or refractory multiple myeloma), (ii) changing the drug's form (intravenous/subcutaneous) within the first 9 weeks of treatment for the same PBS indication.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Details of: the histological diagnosis of multiple myeloma; prior treatments including name(s) of drug(s) and date of most recent treatment cycle; the basis of the diagnosis of progressive disease or failure to respond; and which disease activity parameters will be used to assess response, must be documented in the patient's medical records.

Confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters must be used to determine response, results for either (a) or (b) or (c) should be documented for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be documented in the patient's medical records.

A line of therapy is defined as 1 or more cycles of a planned treatment program. This may consist of 1 or more planned cycles of single-agent therapy or combination therapy, as well as a sequence of treatments administered in a planned manner.

A new line of therapy starts when a planned course of therapy is modified to include other treatment agents (alone or in combination) as a result of disease progression, relapse, or toxicity, with the exception to this being the need to attain a sufficient response for stem cell transplantation to proceed. A new line of therapy also starts when a planned period of observation off therapy is interrupted by a need for additional treatment for the disease.

daratumumab 1.8 g/15 mL injection, 15 mL vial

12683M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	8	..	6925.33	25.00	Darzalex SC [JC]

▪ DARATUMUMAB

Note This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Relapsed and/or refractory multiple myeloma

Treatment Phase: Continuing treatment of second-line drug therapy from week 25 until disease progression (administered every 4 weeks)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

daratumumab 1.8 g/15 mL injection, 15 mL vial

12725R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6925.33	25.00	Darzalex SC [JC]

▪ DARATUMUMAB

Note This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Relapsed and/or refractory multiple myeloma

Treatment Phase: Continuing treatment of second-line drug therapy for weeks 10 to 24 (administered every 3 weeks)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

daratumumab 1.8 g/15 mL injection, 15 mL vial

12755H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	6925.33	25.00	Darzalex SC [JC]

▪ DARATUMUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Untreated multiple myeloma

Treatment Phase: Continuing treatment as first line drug therapy from week 25 onwards (administered once every four weeks)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must form part of triple combination therapy limited only to: (i) this drug, (ii) lenalidomide, and (iii) dexamethasone, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with bortezomib, carfilzomib, elotuzumab, pomalidomide, selinexor or thalidomide, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

daratumumab 1.8 g/15 mL injection, 15 mL vial

15082T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6925.33	25.00	Darzalex SC [JC]

▪ DARATUMUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Untreated multiple myeloma

Treatment Phase: Initial treatment as first-line drug therapy from week 0 to week 24

Clinical criteria:

- The condition must be newly diagnosed, **AND**
- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must be ineligible for a primary stem cell transplantation, **AND**
- The treatment must form part of triple combination therapy limited only to: (i) this drug, (ii) lenalidomide, and (iii) dexamethasone, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with bortezomib, carfilzomib, elotuzumab, pomalidomide, selinexor or thalidomide.

Treatment criteria:

- Patient must be undergoing PBS-subsidised treatment with this drug once per lifetime. Meaning, patient must access this drug in one of the following situations: (i) for the first time, irrespective of whether the diagnosis has been re-classified (i.e. the diagnosis has changed between multiple myeloma/amyloidosis), (ii) changing the drug's form (intravenous/subcutaneous) within the first 24 weeks of treatment for the same PBS indication.

Details of the histological diagnosis of multiple myeloma, record of ineligibility for stem cell transplant and confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters must be used to determine response, results for either (a) or (b) or (c) should be documented for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be documented in the patient's medical records.

daratumumab 1.8 g/15 mL injection, 15 mL vial

15088D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	15	..	6925.33	25.00	Darzalex SC [JC]

▪ DARATUMUMAB

Note The intravenously administered presentation of this drug is not PBS listed for this indication at the request of the sponsor.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Newly diagnosed systemic light chain amyloidosis

Treatment Phase: Continuing treatment from week 25 onwards (administered once every four weeks)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a haematologist (this does not exclude treatment via a multidisciplinary team, but the PBS authority application must be sought by the treating haematologist), **AND**
- Patient must be undergoing continuing treatment that does not extend treatment duration beyond whichever comes first: (i) disease progression, (ii) 96 cumulative weeks from the first administered dose, once in a lifetime.

daratumumab 1.8 g/15 mL injection, 15 mL vial

13199Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6925.33	25.00	Darzalex SC [JC]

▪ DARATUMUMAB

Note The intravenously administered presentation of this drug is not PBS listed for this indication at the request of the sponsor.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 888 333.
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
PBS Authorities
GPO Box 9826
[Your capital city]

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Newly diagnosed systemic light chain amyloidosis

Treatment Phase: Initial treatment from week 0 to week 24

Clinical criteria:

- The condition must have histological evidence consistent with a diagnosis of systemic light-chain amyloidosis, **AND**
- The condition must be untreated with drug therapy, including this drug, irrespective of whether the diagnosis has been reclassified (i.e. the diagnosis changes between multiple myeloma/amyloidosis), **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 at treatment initiation.

Treatment criteria:

- Must be treated by a haematologist (this does not exclude treatment via a multidisciplinary team, but the PBS authority application must be sought by the treating haematologist), **AND**
- Patient must be undergoing concomitant treatment limited to each of: (i) bortezomib, (ii) cyclophosphamide, (iii) dexamethasone, at certain weeks of treatment as outlined in the drug's approved Product Information.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail, and must include:

Details of the histological evidence supporting the diagnosis of systemic light chain amyloidosis, limited to: (i) the name of pathologist/pathology provider, (ii) the site of biopsy

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

daratumumab 1.8 g/15 mL injection, 15 mL vial

13202W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	15	..	6925.33	25.00	Darzalex SC [JC]

▪ DARATUMUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Patients may qualify for PBS-subsidised treatment under this restriction to complete 24 weeks of treatment. For continuing PBS-subsidised treatment after week 24, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Authority required

Untreated multiple myeloma

Treatment Phase: Transitioning from non-PBS to PBS-subsided treatment - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 November 2025,

AND

- Patient must have met all initial treatment PBS eligibility criteria applying to a non-grandfathered patient prior to having commenced treatment with this drug, which are: (a) the condition was newly diagnosed, (b) the condition was confirmed by a histological diagnosis, (c) the patient was/is ineligible for a stem cell transplant, (d) the treatment is being given as triple combination therapy limited only to: (i) this drug, (ii) lenalidomide, (iii) dexamethasone, (e) patient is not receiving concomitant PBS-subsidised treatment with bortezomib, carfilzomib, elotuzumab, pomalidomide, selinexor or thalidomide,

AND

- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing PBS-subsidised treatment with this drug once per lifetime. Meaning, patient must access this drug in one of the following situations: (i) for the first time, irrespective of whether the diagnosis has been re-classified (i.e. the diagnosis has changed between multiple myeloma/amyloidosis), (ii) changing the drug's form (intravenous/subcutaneous) within the first 24 weeks of treatment for the same PBS indication.

Details of the histological diagnosis of multiple myeloma, record of ineligibility for stem cell transplant and confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters must be used to determine response, results for either (a) or (b) or (c) should be documented for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be documented in the patient's medical records.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

daratumumab 1.8 g/15 mL injection, 15 mL vial

15071F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	15	..	6925.33	25.00	Darzalex SC [JC]

HER2 (Human Epidermal Growth Factor Receptor 2) inhibitors

▪ TRASTUZUMAB

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

10212

Early HER2 positive breast cancer

Treatment Phase: 3 weekly treatment regimen

Clinical criteria:

- Patient must have undergone surgery (adjuvant) or be preparing for surgery (neoadjuvant), **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy; OR
- Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10682F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1608.11	25.00	Herceptin SC [RO]

▪ TRASTUZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

9353

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, **AND**
- The treatment must not be in combination with nab-paclitaxel, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10798H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1608.11	25.00	Herceptin SC [RO]

▪ TRASTUZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

9462

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10803N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1608.11	25.00	Herceptin SC [RO]

PD-1/PD-L1 (Programmed cell death protein 1/death ligand 1) inhibitors

▪ ATEZOLIZUMAB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10216

Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing first-line treatment of metastatic disease - 3 weekly treatment regimen

Treatment criteria:

- Patient must be undergoing combination treatment with bevacizumab until disease progression, unless not tolerated.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug in this line of treatment, **AND**
- Patient must have stable or responding disease.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14267X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	7	..	7014.68	25.00	Tecentriq SC [RO]

▪ ATEZOLIZUMAB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10297

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Continuing treatment - 3 weekly treatment regimen

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**
- Patient must have stable or responding disease.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14288B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	7	..	7014.68	25.00	Tecentriq SC [RO]

▪ ATEZOLIZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10521

Extensive-stage small cell lung cancer

Treatment Phase: Continuing treatment - 3 weekly treatment regimen

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14225Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	7014.68	25.00	Tecentriq SC [RO]

▪ ATEZOLIZUMAB

Note In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18242

Locally advanced or metastatic non-small cell lung cancer

Treatment Phase: Initial treatment - 3 weekly treatment regimen

Clinical criteria:

- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition, **AND**

- The condition must have progressed on or after prior platinum based chemotherapy; OR
- The condition must have progressed after treatment with a prior targeted therapy PBS-listed for this condition.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14247W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7014.68	25.00	Tecentriq SC [RO]

▪ ATEZOLIZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18257

Extensive-stage small cell lung cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be previously untreated, **AND**
- Patient must not have previously received programmed cell death-1/ligand-1 (PD-1/PD-L1) inhibitor therapy for any stage of small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be in combination with etoposide and a platinum-based antineoplastic drug.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14248X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7014.68	25.00	Tecentriq SC [RO]

▪ ATEZOLIZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

15455

Resected early stage (Stage II to IIIA) non-small cell lung cancer (NSCLC)

Treatment Phase: 1,875 mg administered once every 3 weeks

Population criteria:

- Patient must be both: (i) initiating treatment, (ii) untreated with programmed cell death-1/ligand 1 (PD-1/PD-L1) inhibitor therapy; OR
- Patient must be continuing existing PBS-subsidised treatment with this drug; OR
- Patient must be both: (i) transitioning from existing non-PBS to PBS subsidised supply of this drug, (ii) untreated with programmed cell death-1/ligand 1 (PD-1/PD-L1) inhibitor therapy at the time this drug was initiated.

Clinical criteria:

- Patient must have/have had a WHO performance status score of no greater than 1 at treatment initiation with this drug.

AND

- The treatment must be for the purpose of adjuvant therapy following all of: (i) surgical resection, (ii) platinum-based chemotherapy, **AND**
- The condition must have/have had, at treatment commencement, an absence of each of the following gene abnormalities confirmed via tumour material sampling: (i) an activating epidermal growth factor receptor (EGFR) gene mutation, (ii) an anaplastic lymphoma kinase (ALK) gene rearrangement, **AND**
- The condition must have/have had, at treatment commencement, confirmation of programmed cell death ligand 1 (PD-L1) expression on at least 50% of tumour cells, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Treatment criteria:

- Patient must be undergoing treatment that does not occur beyond the following, whichever comes first: (i) the first instance of disease progression/recurrence, (ii) 12 months in total for this condition from the first administered dose; mark any remaining repeat prescriptions with the words 'cancelled' where (i)/(ii) has occurred.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14269B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	7	..	7014.68	25.00	Tecentriq SC [RO]

▪ ATEZOLIZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10917

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment of hepatocellular carcinoma - 3 weekly treatment regimen

Treatment criteria:

- Patient must be undergoing combination treatment with bevacizumab until disease progression, unless not tolerated.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

PBS supply of this drug must be through only one of the two continuing treatment regimens at any given time

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14566P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	8	..	7014.68	25.00	Tecentriq SC [RO]

▪ ATEZOLIZUMAB

Note In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

18326

Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment 1

Treatment criteria:

- Patient must be undergoing combination treatment with bevacizumab and platinum-doublet chemotherapy.

Clinical criteria:

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must not have previously been treated for this condition in the metastatic setting; OR
- The condition must have progressed after treatment with a prior targeted therapy PBS-listed for this condition, **AND**
- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for non-small cell lung cancer, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The condition must not have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material.

Authority required (STREAMLINED)

10125

Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment 2

Treatment criteria:

- Patient must be undergoing combination treatment with bevacizumab and platinum-doublet chemotherapy.

Clinical criteria:

- The condition must be non-squamous type non-small cell lung cancer (NSCLC), **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation or of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, **AND**
- Patient must have progressive disease following treatment with an epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) OR an anaplastic lymphoma kinase (ALK) tyrosine kinase inhibitor (TKI), **AND**
- Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for non-small cell lung cancer.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14266W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7014.68	25.00	Tecentriq SC [RO]

▪ ATEZOLIZUMAB

Caution The safety of atezolizumab in combination with bevacizumab has not been established in patients who have incompletely treated varices, variceal bleeding within the previous 6 months or who are at high risk of bleeding. Patients should be assessed for risk of variceal bleeding prior to treatment with this combination.

Note In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10939

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

Treatment criteria:

- Patient must be undergoing combination treatment with bevacizumab and atezolizumab until disease progression, unless not tolerated.

Clinical criteria:

- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must not be suitable for transarterial chemoembolisation, **AND**
- Patient must have Child Pugh class A, **AND**
- The condition must be untreated with systemic therapy; OR
- Patient must have developed intolerance to a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal.

atezolizumab 1.875 g/15 mL injection, 15 mL vial

14278L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7014.68	25.00	Tecentriq SC [RO]

Other monoclonal antibodies and antibody drug conjugates

▪ ELRANATAMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Relapsed or refractory multiple myeloma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received treatment with this drug for this condition, **AND**
- Patient must have had progressive disease after receiving at least 3 prior lines of therapy, including each of the following therapies: (i) a proteasome inhibitor, (ii) an immunomodulatory agent, and (iii) an anti-CD38 monoclonal antibody; OR
- Patient must have been refractory to, at least 3 prior lines of therapy, including each of the following therapies: (i) a proteasome inhibitor, (ii) an immunomodulatory agent, (iii) an anti-CD38 monoclonal antibody, **AND**
- Patient must not have previously received treatment with another B-cell maturation antigen (BCMA) directed therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less prior to initiating treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Prescribers may request the number of vials in line with the dosing requirement for each stage of treatment with the intention of providing the number of vials for each 4-weeks of treatment (24-weeks of treatment including repeats). Up to 4 vials with 5 repeats may be requested for a patient undergoing treatment in weeks 2-26. Up to 2 vials with 5 repeats may be requested for a patient undergoing treatment from week 27 onwards. Requests beyond what is listed in the TGA approved product information will not be approved.

This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

Elranatamab 76 mg/1.9 mL injection, 1.9 mL vial

15293X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6291.12	25.00	Elrexfio [PF]

▪ ELRANATAMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Relapsed or refractory multiple myeloma

Treatment Phase: Induction treatment (step-up dosing)

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**

- Patient must have progressive disease after receiving at least 3 prior lines of therapy, including each of the following therapies: (i) a proteasome inhibitor, (ii) an immunomodulatory agent, and (iii) an anti-CD38 monoclonal antibody; OR
- Patient must be refractory to, at least 3 prior lines of therapy, including each of the following therapies: (i) a proteasome inhibitor, (ii) an immunomodulatory agent, (iii) an anti-CD38 monoclonal antibody, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not have previously received treatment with another B-cell maturation antigen (BCMA) directed therapy for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.

According to the TGA-approved Product Information, hospitalisation is recommended at minimum for 48 hours after administration of the first step-up dose, and for 24 hours after administration of the second step-up dose.

Patients who require restarting therapy due to dose delays may access step-up dosing through this induction treatment restriction.

This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Details of: the histological diagnosis of multiple myeloma; prior treatments including name(s) of drug(s) and date of most recent treatment cycle; the basis of the diagnosis of progressive disease or failure to respond; and which disease activity parameters will be used to assess response, must be documented in the patient's medical records.

Confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters must be used to determine response, results for either (a) or (b) or (c) should be documented for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be documented in the patient's medical records.

Refractory disease is defined as less than or equal to a 25% response to therapy, or progression during or within 60 days after completion of therapy.

Elranatamab 44 mg/1.1 mL injection, 1.1 mL vial

15300G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3698.28	25.00	Elrexfio [PF]

▪ EPCORITAMAB

Caution Careful monitoring of patients is required due to risk of developing life-threatening Cytokine Release Syndrome (CRS).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16466

Relapsed or refractory diffuse large B-cell lymphoma (DLBCL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be discontinued in patients who experience disease progression whilst on treatment.

Treatment criteria:

- Patient must be undergoing treatment with this drug administered weekly in cycles 1 to 3 - prescribe up to 9 repeats; OR
- Patient must be undergoing treatment with this drug administered fortnightly in cycles 4 to 9 - prescribe up to 5 repeats; OR

- Patient must be undergoing treatment with this drug administered every four weeks in cycles 10 and beyond - prescribe up to 2 repeats.

Epcoritamab 48 mg/0.8 mL injection, 0.8 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14819Y	1	9	..	9547.75	25.00	Epkinly [VE]

▪ EPCORITAMAB

Caution Careful monitoring of patients is required due to risk of developing life-threatening Cytokine Release Syndrome (CRS).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note A dose of 0.16 mg to be administered on Day 1 with initial 4 mg vial. A dose of 0.8 mg to be administered on Day 8 with the repeat 4 mg vial. Refer to the epcoritamab Therapeutic Goods Administration (TGA) approved Product Information.

Authority required

Relapsed or refractory diffuse large B-cell lymphoma (DLBCL)

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must have relapsed, or be refractory to, at least two prior systemic therapies, **AND**
- Patient must have a WHO performance status of no higher than 2, **AND**
- Patient must have previously received treatment with chimeric antigen receptor-T (CAR-T) cell therapy for this condition; OR
- Patient must be currently unable to receive treatment with CAR-T cell therapy for this condition, **AND**
- Patient must not be eligible for stem cell transplantation, **AND**
- Patient must not have received prior treatment with a PBS-subsidised CD20xCD3 bispecific monoclonal antibody, **AND**
- The treatment must be discontinued in patients who experience disease progression whilst on treatment.

Prior systemic therapy may include autologous stem cell transplant.

Definition of patients unable to receive treatment with CAR-T cell therapy for this condition include geographical, psychosocial, clinical ineligibility or urgency.

Epcoritamab 4 mg/0.8 mL injection, 0.8 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14792M	1	1	..	851.79	25.00	Epkinly [VE]

OTHER ANTINEOPLASTIC AGENTS

Histone deacetylase (HDAC) inhibitors

▪ VORINOSTAT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cutaneous T-cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have received systemic treatment with chemotherapy, **AND**
- Patient must demonstrate relapsed or chemotherapy-refractory disease, **AND**
- Patient must be ineligible for stem cell transplant, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

vorinostat 100 mg capsule, 120

11138F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4301.11	25.00	Zolinza [MK]

▪ VORINOSTAT

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cutaneous T-cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

vorinostat 100 mg capsule, 120

11141J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	4301.11	25.00	Zolinza [MK]

Hedgehog pathway inhibitors

▪ SONIDEGIB

Caution Sonidegib is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 20 months and 6 months period after cessation of treatment for female and male patients respectively, as according to the TGA approved Product Information.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be inappropriate for surgery, **AND**
- The condition must be inappropriate for curative radiotherapy, **AND**
- Patient must not have received previous PBS-subsidised treatment with another hedgehog (Hh) inhibitor for this condition; OR
- Patient must have developed intolerance to another hedgehog (Hh) inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(a) Details (date, unique identifying number/code or provider number) of the histological confirmation of BCC and whether the condition is metastatic or locally advanced; and

(b) In patients with locally advanced BCC, written confirmation from a surgically qualified clinician that surgery is inappropriate; and

(c) In patients with locally advanced BCC, written confirmation from a radiation oncologist that curative radiotherapy is inappropriate.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. If the application is made in writing, it is recommended that the application is submitted no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Inappropriate for surgery is defined as:

(i) Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

(ii) Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

(iii) Medical contraindication to surgery.

Inappropriate for curative radiotherapy is defined as:

(i) Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

(ii) Limitations due to location of tumour; or

(iii) Limitations due to cumulative prior radiotherapy dose; or

(iv) Progressive disease despite prior irradiation of locally advanced BCC.

For patients with locally advanced BCC, written confirmation from a surgically qualified clinician demonstrating inappropriateness for surgery and written confirmation from a radiation oncologist demonstrating inappropriateness for curative radiotherapy should be kept in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must remain inappropriate for surgery, **AND**
- The condition must remain inappropriate for curative radiotherapy, **AND**
- Patient must not receive more than 16 weeks of treatment per continuing treatment under this restriction.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(a) Confirmation from the treating doctor that the disease has not progressed; and

(b) In patients with locally advanced BCC, written confirmation from a surgically qualified clinician that the condition remains inappropriate for surgery; or written confirmation from a radiation oncologist that the condition remains inappropriate for curative radiotherapy.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. If the application is made in writing, it is recommended that the application is submitted no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Inappropriate for surgery is defined as:

(i) Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

(ii) Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

(iii) Medical contraindication to surgery.

Inappropriate for curative radiotherapy is defined as:

(i) Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

(ii) Limitations due to location of tumour; or

(iii) Limitations due to cumulative prior radiotherapy dose; or

(iv) Progressive disease despite prior irradiation of locally advanced BCC.

For patients with locally advanced BCC, written confirmation from a surgically qualified clinician demonstrating inappropriateness for surgery or written confirmation from a radiation oncologist demonstrating inappropriateness for curative radiotherapy should be kept in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Initial treatment or Continuing treatment – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete maximum of 16 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete maximum of 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

sonidegib 200 mg capsule, 30

11304Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7711.33	25.00	Odomzo [RA]

▪ VISMODEGIB

Caution Vismodegib is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 24 months and 2 months period after cessation of treatment for female and male patients respectively, as according to the TGA approved Product Information.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be inappropriate for surgery, **AND**
- The condition must be inappropriate for curative radiotherapy, **AND**
- Patient must not have received previous PBS-subsidised treatment with another hedgehog (Hh) inhibitor for this condition; OR
- Patient must have developed intolerance to another hedgehog (Hh) inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(a) Details (date, unique identifying number/code or provider number) of the histological confirmation of BCC and whether the condition is metastatic or locally advanced; and

(b) In patients with locally advanced BCC, written confirmation from a surgically qualified clinician that surgery is inappropriate; and

(c) In patients with locally advanced BCC, written confirmation from a radiation oncologist that curative radiotherapy is inappropriate.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. If the application is made in writing, it is recommended that the application is submitted no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Inappropriate for surgery is defined as:

(i) Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

(ii) Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

(iii) Medical contraindication to surgery.

Inappropriate for curative radiotherapy is defined as:

(i) Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

(ii) Limitations due to location of tumour; or

(iii) Limitations due to cumulative prior radiotherapy dose; or

(iv) Progressive disease despite prior irradiation of locally advanced BCC.

For patients with locally advanced BCC, written confirmation from a surgically qualified clinician demonstrating inappropriateness for surgery and written confirmation from a radiation oncologist demonstrating inappropriateness for curative radiotherapy should be kept in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must remain inappropriate for surgery, **AND**
- The condition must remain inappropriate for curative radiotherapy, **AND**
- Patient must not receive more than 16 weeks of treatment per continuing treatment under this restriction.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

(a) Confirmation from the treating doctor that the disease has not progressed; and

(b) In patients with locally advanced BCC, written confirmation from a surgically qualified clinician that the condition remains inappropriate for surgery; or written confirmation from a radiation oncologist that the condition remains inappropriate for curative radiotherapy.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. If the application is made in writing, it is recommended that the application is submitted no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Inappropriate for surgery is defined as:

(i) Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

(ii) Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

(iii) Medical contraindication to surgery.

Inappropriate for curative radiotherapy is defined as:

(i) Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

(ii) Limitations due to location of tumour; or

(iii) Limitations due to cumulative prior radiotherapy dose; or

(iv) Progressive disease despite prior irradiation of locally advanced BCC.

For patients with locally advanced BCC, written confirmation from a surgically qualified clinician demonstrating inappropriateness for surgery or written confirmation from a radiation oncologist demonstrating inappropriateness for curative radiotherapy should be kept in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma (BCC)

Treatment Phase: Initial treatment or Continuing treatment – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete maximum of 16 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete maximum of 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

vismodegib 150 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11070P	1	3	..	7206.06	25.00	Erivedge [RO]

Poly (ADP-ribose) polymerase (PARP) inhibitors

▪ NIRAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation) in a patient requiring a daily dose of 3 tablets

Clinical criteria:

- Patient must have received previous PBS-subsidised treatment with this drug as first line maintenance therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 36 months of combined non-PBS-subsidised/PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

niraparib 100 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14173Y NP	1	5	..	10038.87	25.00	Zejula [GK]

▪ NIRAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (BRCA1/2 gene mutation) in a patient requiring a daily dose of 3 tablets

Clinical criteria:

- The treatment must be continuing existing PBS-subsidised treatment with this drug initiated through the Treatment Phase: Initial first-line maintenance therapy (**BRCA1/2** gene mutation), **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 36 months of combined non-PBS-subsidised/PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

niraparib 100 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14190W NP	1	5	..	10038.87	25.00	Zejula [GK]

▪ NIRAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation) in a patient requiring a daily dose of up to 2 tablets

Clinical criteria:

- Patient must have received previous PBS-subsidised treatment with this drug as first line maintenance therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 36 months of combined non-PBS-subsidised/PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

niraparib 100 mg tablet, 56

14196E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6736.70	25.00	Zejula [GK]

▪ NIRAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (BRCA1/2 gene mutation) in a patient requiring a daily dose of up to 2 tablets

Clinical criteria:

- The treatment must be continuing existing PBS-subsidised treatment with this drug initiated through the Treatment Phase: Initial first-line maintenance therapy (**BRCA1/2** gene mutation), **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 36 months of combined non-PBS-subsidised/PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

niraparib 100 mg tablet, 56

14206Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6736.70	25.00	Zejula [GK]

▪ NIRAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:
Class 5 - Pathogenic
Class 4 - Likely pathogenic
Tier I - variants of strong clinical significance
Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation) in a patient requiring a daily dose of up to 2 tablets

Clinical criteria:

- The condition must be associated with homologous recombination deficiency (HRD) positive status defined by genomic instability, which has been confirmed by a validated test, **AND**
- The condition must not be associated with pathogenic variants (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the **BRCA1/2** genes - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition; OR
- The condition must have both: (i) been in a partial/complete response to the immediately preceding platinum-based chemotherapy regimen prior to having commenced non-PBS-subsidised treatment with this drug for this condition, (ii) not progressed since the commencement of non-PBS-subsidised supply of this drug, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; OR

- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of homologous recombination deficiency (genomic instability) must be derived through a test that has been validated against the Myriad MyChoice HRD assay, which uses a score of 42 or greater as the threshold for HRD (genomic instability) positivity.

Evidence that BRCA1/2 gene mutations are absent must also be derived through a validated test as described above.

niraparib 100 mg tablet, 56

14172X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	6736.70	25.00	Zejula [GK]

▪ NIRAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:
Class 5 - Pathogenic
Class 4 - Likely pathogenic
Tier I - variants of strong clinical significance
Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (BRCA1/2 gene mutation) in a patient requiring a daily dose of up to 2 tablets

Clinical criteria:

- The condition must be associated with a pathogenic variant (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the **BRCA1/2** gene(s) - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; OR
- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline or somatic mutation testing.

niraparib 100 mg tablet, 56

14179G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	6736.70	25.00	Zejula [GK]

▪ NIRAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:
Class 5 - Pathogenic
Class 4 - Likely pathogenic
Tier I - variants of strong clinical significance
Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (BRCA1/2 gene mutation) in a patient requiring a daily dose of 3 tablets

Clinical criteria:

- The condition must be associated with a pathogenic variant (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the **BRCA1/2** gene(s) - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; OR

- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline or somatic mutation testing.

niraparib 100 mg tablet, 84

14207R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	10038.87	25.00	Zejula [GK]

▪ NIRAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:
Class 5 - Pathogenic
Class 4 - Likely pathogenic
Tier I - variants of strong clinical significance
Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation) in a patient requiring a daily dose of 3 tablets

Clinical criteria:

- The condition must be associated with homologous recombination deficiency (HRD) positive status defined by genomic instability, which has been confirmed by a validated test, **AND**
- The condition must not be associated with pathogenic variants (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the **BRCA1/2** genes - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition; OR
- The condition must have both: (i) been in a partial/complete response to the immediately preceding platinum-based chemotherapy regimen prior to having commenced non-PBS-subsidised treatment with this drug for this condition, (ii) not progressed since the commencement of non-PBS-subsidised supply of this drug, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; OR
- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of homologous recombination deficiency (genomic instability) must be derived through a test that has been validated against the Myriad MyChoice HRD assay, which uses a score of 42 or greater as the threshold for HRD (genomic instability) positivity.

Evidence that BRCA1/2 gene mutations are absent must also be derived through a validated test as described above.

niraparib 100 mg tablet, 84

14212B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	10038.87	25.00	Zejula [GK]

▪ OLAPARIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17910

High grade epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of subsequent-line maintenance therapy (BRCA1/2 gene mutation)

Clinical criteria:

- The treatment must be continuing existing PBS-subsidised treatment with this drug initiated through the Treatment Phase: Initial subsequent-line maintenance therapy (**BRCA1/2** gene mutation), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11503K NP	2	5	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11539H NP	2	5	..	*6754.26	25.00	Lynparza [AP]

▪ OLAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (BRCA1/2 gene mutation)

Clinical criteria:

- The treatment must be continuing existing PBS-subsidised treatment with this drug initiated through the Treatment Phase: Initial first-line maintenance therapy (**BRCA1/2** gene mutation), **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 24 months of combined non-PBS-subsidised and PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12169L NP	2	5	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12161C NP	2	5	..	*6754.26	25.00	Lynparza [AP]

▪ OLAPARIB

Note Definitions:
Class 5 - Pathogenic
Class 4 - Likely pathogenic
Tier I - variants of strong clinical significance
Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial subsequent-line maintenance therapy (BRCA1/2 gene mutation)

Clinical criteria:

- The condition must be associated with a pathogenic variant (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the **BRCA1/2** gene(s) - this has been confirmed by a validated test, **AND**
- The condition must be platinum sensitive, **AND**
- Patient must have received at least two previous platinum-containing regimens, **AND**
- Patient must have relapsed following a previous platinum-containing regimen, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Platinum sensitivity is defined as disease progression greater than 6 months after completion of the penultimate platinum regimen.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline or somatic mutation testing.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11522K	2	2	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

11528R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*6754.26	25.00	Lynparza [AP]

▪ OLAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Special Pricing Arrangements apply.

Authority required

Castration resistant metastatic carcinoma of the prostate

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not be subsidised in combination with: (i) chemotherapy, (ii) a novel hormonal drug.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

olaparib 100 mg tablet, 56

12921C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

12913P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*6754.26	25.00	Lynparza [AP]

▪ OLAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Special Pricing Arrangements apply.

Authority required

Castration resistant metastatic carcinoma of the prostate

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be associated with a class 4 or 5 BRCA1 or BRCA2 gene mutation, **AND**
- The treatment must not be subsidised in combination with: (i) chemotherapy, (ii) a novel hormonal drug, **AND**
- The condition must have progressed following prior treatment that included a novel hormonal drug for this condition (metastatic/non-metastatic disease), **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Patient must be undergoing treatment with this drug for the first time.

olaparib 100 mg tablet, 56

12932P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

12929L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*6754.26	25.00	Lynparza [AP]

▪ OLAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:
Class 5 - Pathogenic
Class 4 - Likely pathogenic
Tier I - variants of strong clinical significance
Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (BRCA1/2 gene mutation)

Clinical criteria:

- The condition must be associated with a pathogenic variant (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the **BRCA1/2** gene(s) - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; OR
- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline or somatic mutation testing.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12170M	2	2	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12157W	2	2	..	*6754.26	25.00	Lynparza [AP]

▪ OLAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuation of first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation)

Clinical criteria:

- Patient must have received previous PBS-subsidised treatment with this drug as first line maintenance therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 24 months of combined non-PBS-subsidised and PBS-subsidised treatment for patients who are in complete response.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13782J NP	2	5	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13807Q NP	2	5	..	*6754.26	25.00	Lynparza [AP]

▪ OLAPARIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Early breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug as adjuvant therapy for this condition, **AND**
- Patient must not have developed disease recurrence while receiving treatment with this drug for this condition, **AND**
- The treatment must not be a PBS-subsidised benefit beyond a total of 52 weeks of treatment (including any non-PBS-subsidised supply), **AND**
- The treatment must not in combination with any of the following: (i) abemaciclib, (ii) pembrolizumab, (iii) ribociclib.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

olaparib 100 mg tablet, 56

14216F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	6	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

14215E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	6	..	*6754.26	25.00	Lynparza [AP]

▪ OLAPARIB

Note Patients may qualify for PBS-subsidised treatment under this restriction once only.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Early breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- Patient must have received neoadjuvant or adjuvant chemotherapy, **AND**
- The treatment must be adjuvant to surgical resection, **AND**
- The condition must be associated with a class 4 or 5 BRCA1 or BRCA2 gene variant, **AND**
- Patient must have received neoadjuvant chemotherapy, and residual invasive cancer is confirmed in the breast and/or resected lymph nodes (pathological complete response was not achieved); OR
- Patient must have received adjuvant chemotherapy for triple negative breast cancer, and has either: (a) node positive disease is present, (b) a primary tumour greater than 20 mm; OR
- Patient must have received adjuvant chemotherapy for hormone receptor positive breast cancer, and has at least 4 positive lymph nodes, **AND**
- The treatment must not be a PBS-subsidised benefit beyond the following, whichever comes first: (i) a total of 52 weeks of treatment (including any non-PBS-subsidised supply), (ii) disease recurrence. Mark any remaining repeat prescriptions with the word 'cancelled' where (i)/(ii) has occurred, **AND**
- The treatment must be commenced within 12 weeks of completing other therapy noting that other therapy can be any of the following therapy: (i) surgery, (ii) radiotherapy, (iii) chemotherapy, **AND**
- The treatment must not in combination with any of the following: (i) abemaciclib, (ii) pembrolizumab, (iii) ribociclib.

Retain all pathology imaging and investigative test results in the patient's medical records.

Treatment with this drug for this condition is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under metastatic disease is no longer available).

olaparib 100 mg tablet, 56

14181J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

14208T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*6754.26	25.00	Lynparza [AP]

▪ OLAPARIB

Note This drug belongs to the poly (ADP-ribose) polymerase (PARP) inhibitor drug class. The restriction refers to the following PARP inhibitors: olaparib, niraparib

Note Definitions:
Class 5 - Pathogenic
Class 4 - Likely pathogenic
Tier I - variants of strong clinical significance
Tier II - variants of potential clinical significance

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial first-line maintenance therapy (genomic instability without BRCA1/2 gene mutation)

Clinical criteria:

- The condition must be associated with homologous recombination deficiency (HRD) positive status defined by genomic instability, which has been confirmed by a validated test, **AND**
- The condition must not be associated with pathogenic variants (germline mutation class 4/class 5; somatic mutation classification tier I/tier II) of the **BRCA1/2** genes - this has been confirmed by a validated test, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition; OR
- The condition must have both: (i) been in a partial/complete response to the immediately preceding platinum-based chemotherapy regimen prior to having commenced non-PBS-subsidised treatment with this drug for this condition, (ii) not progressed since the commencement of non-PBS-subsidised supply of this drug, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug class for the first time; OR
- Patient must be undergoing treatment with this drug class on a subsequent occasion, but only because there was an intolerance/contraindication to another drug in the same class that required permanent treatment withdrawal.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of homologous recombination deficiency (genomic instability) must be derived through a test that has been validated against the Myriad MyChoice HRD assay, which uses a score of 42 or greater as the threshold for HRD (genomic instability) positivity.

Evidence that BRCA1/2 gene mutations are absent must also be derived through a validated test as described above.

olaparib 100 mg tablet, 56

13783K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

13800H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*6754.26	25.00	Lynparza [AP]

▪ OLAPARIB

Note Patients may qualify for PBS-subsidised treatment under this restriction once only.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be associated with a class 4 or 5 BRCA1 or BRCA2 gene variant, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- Patient must have received chemotherapy in the neoadjuvant, adjuvant or metastatic setting, **AND**
- Patient must not have received PBS-subsidised treatment with this drug in any earlier line of treatment for breast cancer, **AND**
- The condition must be triple negative breast cancer; OR
- The condition must be hormone-receptor positive breast cancer and the patient has either: (i) progressive disease after receiving endocrine therapy, (ii) been considered inappropriate for endocrine therapy, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Must be treated by a medical practitioner.

Retain all pathology imaging and investigative test results in the patient's medical records. Do not submit copies of these as part of the authority application.

Treatment with this drug for this condition is restricted to one line of therapy at any disease staging for breast cancer (i.e. if therapy has been prescribed for early disease, subsidy under metastatic disease is no longer available).

Authority required

Metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received previous PBS-subsidised treatment with this drug in the metastatic setting, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

olaparib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14689D NP	2	5	..	*6754.26	25.00	Lynparza [AP]

olaparib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14687B NP	2	5	..	*6754.26	25.00	Lynparza [AP]

▪ TALAZOPARIB

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The condition must be associated with a class 4 or 5 BRCA1 or BRCA2 gene mutation, **AND**
- Patient must not have received prior PBS-subsidised novel hormonal drug in any non-metastatic setting of prostate cancer prior to commencing treatment with this drug for this condition, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance score no higher than 1 prior to treatment initiation, **AND**
- Patient must be undergoing concurrent treatment with enzalutamide, unless an intolerance to enzalutamide requires either a: (i) temporary cessation, (ii) permanent discontinuation, **AND**
- The treatment must not be a PBS-subsidised benefit beyond disease progression.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Talazoparib 500 microgram capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14683T NP	1	5	..	3667.48	25.00	Talzenna [PF]

Talazoparib 350 microgram capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14690E NP	1	5	..	3667.48	25.00	Talzenna [PF]

Talazoparib 100 microgram capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14685X NP	1	5	..	3667.48	25.00	Talzenna [PF]

talazoparib 250 microgram capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14684W NP	1	5	..	3667.48	25.00	Talzenna [PF]

Isocitrate dehydrogenase (IDH) inhibitors

▪ IVOSIDENIB

Caution Ivosidenib can cause dose-dependent prolongation of the heart rate-corrected QT (QTc) interval. At treatment initiation patients should undergo an electrocardiogram (ECG) to assess the heart rate-corrected QT (QTc) interval. Dose interruptions are recommended until QTc returns to no more than 480 msec. Monitor ECGs at least weekly for two weeks following return of QTc. Permanently discontinue ivosidenib if QTc poses life threatening ventricular arrhythmia (Grade 4).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16701

Locally advanced or metastatic cholangiocarcinoma

Clinical criteria:

- Patient must have a test of tumour tissue confirming the presence of an IDH1 R132 variant, **AND**
- Patient must have had systemic therapy for this condition prior to initiating treatment with this drug for this condition, **AND**
- Patient must have/have had a WHO performance status of 2 or less at treatment initiation with this drug, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Confirm that evidence of the presence of a pathogenic variant of the IDH1 gene is documented/retained in the patient's medical records once only with the first PBS prescription.

ivosidenib 250 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14868M	1	5	..	20252.36	25.00	Tibsovo [SE]

Other antineoplastic agents

▪ BELZUTIFAN

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Von Hippel-Lindau (VHL) disease

Treatment Phase: Initiating or recommencing treatment

Clinical criteria:

- The condition must have been diagnosed by at least one of: (i) a germline VHL alteration; (ii) at least two manifestations highly characteristic of VHL disease; (iii) at least one manifestation highly characteristic of VHL disease with a documented family history of VHL, **AND**
- The condition must be at least one of: (i) VHL-associated non-metastatic renal cell carcinoma (RCC); (ii) VHL-associated central nervous system (CNS) haemangioblastoma; (iii) VHL-associated non-metastatic pancreatic neuroendocrine tumour (pNET), **AND**
- Patient must not have tumour(s) that require immediate surgery as assessed by the treating clinician, **AND**
- Patient must be untreated with this drug for this condition; OR
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for a different tumour type; OR
- Patient must have previously received PBS-subsidised treatment with this drug for this condition and ceased previous treatment for family planning purposes, **AND**
- Patient must have WHO performance status no higher than 1; OR
- The condition must be VHL-associated brainstem tumour(s), or brain herniation, which temporarily affected the patient's WHO performance status to be higher than 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for VHL disease associated tumours.

Treatment criteria:

- Must be treated by a physician with expertise in the management of VHL disease associated tumours.

Patients who cease therapy for reasons other than, clinical disease progression or metastasis, may re-initiate PBS-subsidised treatment through the initiating or recommencing treatment phase.

For the purpose of administering this restriction, the highly characteristic manifestations of VHL disease include but not limited to:

(i) retinal, spinal, or cerebellar haemangioblastoma;

(ii) adrenal or extra-adrenal phaeochromocytoma;

(iii) renal cell carcinoma;

(iv) multiple renal and pancreatic cysts;

(v) endolymphatic sac tumours, papillary cystadenomas of the epididymis or broad ligament, or pancreatic neuroendocrine tumours.

Authority required

Von Hippel-Lindau (VHL) disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same tumour type, **AND**
- Patient must not have developed VHL-associated metastatic disease, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of the condition while being treated with this drug, the details of which must be kept with the patient's record, **AND**
- The treatment must be the sole PBS-subsidised therapy for VHL disease associated tumours.

Treatment criteria:

- Must be treated by a physician with expertise in the management of VHL disease associated tumours.

Patients who cease therapy for reasons other than, clinical disease progression or metastasis, may re-initiate PBS-subsidised treatment through the initiating or recommencing treatment phase.

For the purpose of administering this restriction, clinical improvement or stabilisation of the patient's condition includes but is not limited to:

(i) avoidance of surgery;

(ii) avoidance of renal replacement therapy such as dialysis or renal transplantation in patients with VHL- associated renal cell carcinoma (RCC);

(iii) experiencing clinical benefit in at least one of the VHL associated conditions, as determined by the treating clinician(s).

belzutifan 40 mg tablet, 90

14665W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	22392.36	25.00	Welireg [MK]

▪ HYDROXYCARBAMIDE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

hydroxycarbamide (hydroxyurea) 500 mg capsule, 100

3093T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	47.65	25.00	[a] Hydrea [LM]	[a] HYDROXYCARBAMIDE MEDSURGE [DZ]

▪ VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 6 cycles, followed by monotherapy, **AND**
- The treatment must be ceased on disease progression or on completion of 24 months of PBS-subsidised treatment under this restriction with this drug for this condition, whichever comes first.

venetoclax 100 mg tablet, 120

11639N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7519.07	25.00	Venclexta [VE]

▪ VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Dose modification

Clinical criteria:

- The treatment must be for dose titration purposes.

venetoclax 50 mg tablet, 7

11648C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	240.68	25.00	Venclexta [VE]

venetoclax 10 mg tablet, 2

12999E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
7	..	..	*102.48	25.00	Venclexta [VE]

▪ VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Second and final continuing treatment prescription (treatment cycles 7 to 12 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must cease upon disease progression; OR

- The treatment must cease upon completion of 12 cycles of treatment with this drug for this condition, whichever comes first, **AND**
- The treatment must be in combination with obinutuzumab (refer to Product Information for timing of obinutuzumab and venetoclax doses), **AND**
- The treatment must not be in combination with acalabrutinib.

venetoclax 100 mg tablet, 120

12199C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7519.07	25.00	Venclexta [VE]

▪ VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First continuing treatment (treatment cycles 2 to 6 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with obinutuzumab (refer to Product Information for timing of obinutuzumab and venetoclax doses), **AND**
- The treatment must not be in combination with acalabrutinib, **AND**
- The treatment must cease upon disease progression.

venetoclax 100 mg tablet, 120

12205J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	7519.07	25.00	Venclexta [VE]

▪ VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First continuing treatment (treatment cycles 5 to 9 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with ibrutinib (refer to Product Information for timing of ibrutinib and venetoclax doses), **AND**
- The treatment must cease upon disease progression.

venetoclax 100 mg tablet, 120

14585P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	7519.07	25.00	Venclexta [VE]

▪ VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Second and final continuing treatment prescription (treatment cycles 10 to 15 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with ibrutinib (refer to Product Information for timing of ibrutinib and venetoclax doses), **AND**
- The treatment must cease upon disease progression; OR
- The treatment must cease upon completion of 12 cycles of treatment with this drug for this condition, whichever comes first.

venetoclax 100 mg tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14595E	1	5	..	7519.07	25.00	Venclexta [VE]

▪ VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First continuing treatment (treatment cycles 4 to 8 inclusive) of first-line therapy with acalabrutinib

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with acalabrutinib, **AND**
- The treatment must not be in combination with obinutuzumab, **AND**
- The treatment must cease upon disease progression.

venetoclax 100 mg tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15357G	1	4	..	7519.07	25.00	Venclexta [VE]

▪ VENETOCLAX

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Second and final continuing treatment (treatment cycles 9 to 14 inclusive) of first-line therapy with acalabrutinib

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with acalabrutinib, **AND**
- The treatment must not be in combination with obinutuzumab, **AND**
- The treatment must not exceed 12 cycles in total with this drug, measured from the initial dose, or, must not extend beyond disease progression, whichever comes first.

venetoclax 100 mg tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15358H	1	5	..	7519.07	25.00	Venclexta [VE]

▪ VENETOCLAX

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Acute Myeloid Leukaemia

Clinical criteria:

- The condition must be previously untreated at the time of initiation with this drug (except for essential treatment with hydroxyurea or leukapheresis), **AND**
- Patient must not be considered eligible for standard intensive remission induction chemotherapy at the time of initiation with this drug, **AND**
- The treatment must be used in combination with azacitidine (refer to Product Information for timing of azacitidine and venetoclax doses), **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must not be acute promyelocytic leukaemia.

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

venetoclax 50 mg tablet, 7

12773G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	2	..	*934.64	25.00	Venclexta [VE]

venetoclax 100 mg tablet, 120

12803W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	7519.07	25.00	Venclexta [VE]

▪ VENETOCLAX

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Dose titration for relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition.

Treatment criteria:

- Patient must not be undergoing retreatment with this drug where any of: (i) prior treatment of CLL/SLL with this same drug was unable to prevent disease progression; (ii) 24 months of PBS-subsidised treatment has been administered with this drug for this condition.

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

11630D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	1707.53	25.00	Venclexta [VE]

▪ VENETOCLAX

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment in first-line therapy - Dose titration (weeks 1 to 4 of a 5-week ramp-up schedule)

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; OR
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with obinutuzumab (refer to Product Information for timing of obinutuzumab and venetoclax doses), **AND**
- The treatment must not be in combination with acalabrutinib.

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

12188L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	1707.53	25.00	Venclexta [VE]

▪ VENETOCLAX

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment in first-line therapy with ibrutinib - Dose titration (cycle 4)

Clinical criteria:

- The condition must be untreated with venetoclax at the time of the first dose of this drug, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with ibrutinib (refer to Product Information for timing of ibrutinib and venetoclax doses).

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

14584N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	1707.53	25.00	Venclexta [VE]

▪ VENETOCLAX

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:
(1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
(2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.
See the following literature reference for details:
Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment in first-line therapy with acalabrutinib - Dose titration (cycle 3)

Clinical criteria:

- The condition must be untreated with venetoclax at the time of the first dose of this drug; OR
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with acalabrutinib, **AND**
- The treatment must not be in combination with obinutuzumab.

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

15361L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	1707.53	25.00	Venclexta [VE]

ENDOCRINE THERAPY

HORMONES AND RELATED AGENTS

Progestogens

MEDROXYPROGESTERONE

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Restricted benefit

Endometrial cancer

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

medroxyprogesterone acetate 100 mg tablet, 100

2725K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	85.11	25.00	Provera [PF]

medroxyprogesterone acetate 200 mg tablet, 60

2316X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	95.05	25.00	Provera [PF]

medroxyprogesterone acetate 250 mg tablet, 60

2727M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	97.50	25.00	Provera [PF]

MEDROXYPROGESTERONE

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Restricted benefit

Endometrial cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

medroxyprogesterone acetate 100 mg tablet, 100

14067J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*157.94	25.00	Provera [PF]

medroxyprogesterone acetate 200 mg tablet, 60

13881N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*178.80	25.00	Provera [PF]

medroxyprogesterone acetate 250 mg tablet, 60

13961T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*183.96	25.00	Provera [PF]

Gonadotropin releasing hormone analogues

▪ GOSERELIN

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be locally advanced (stage C); OR
- The condition must be metastatic (stage D).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

goserelin 10.8 mg implant, 1

8093Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	694.32	25.00	Zoladex 10.8 Implant [AP]

▪ GOSERELIN

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be locally advanced (stage C); OR
- The condition must be metastatic (stage D).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Restricted benefit

Endometriosis

Clinical criteria:

- The condition must be visually proven, **AND**
- The treatment must be for the short-term (up to 6 months).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Note Only 1 course of not more than 6 months' therapy will be authorised.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Restricted benefit

Anticipated premature ovarian failure

Clinical criteria:

- Patient must be receiving treatment with an alkylating agent for a malignancy or an autoimmune disorder that has a high risk of causing premature ovarian failure, **AND**
- Patient must not receive more than 6 months' of treatment for this condition in a lifetime.

Population criteria:

- Patient must be pre-menopausal.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

goserelin 3.6 mg implant, 1

1454M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	207.94	25.00	Zoladex Implant [AP]

▪ GOSERELIN (&) BICALUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be metastatic (stage D), **AND**

- Patient must require a combination of an antiandrogen and a GnRH (LH-RH) agonist.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

goserelin 10.8 mg implant [1 implant] (&) bicalutamide 50 mg tablet [28], 1 pack

9065D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	1029.35	25.00	ZolaCos CP 10.8/50(28) [AP]

goserelin 10.8 mg implant [1 implant] (&) bicalutamide 50 mg tablet [84], 1 pack

9066E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	1316.27	25.00	ZolaCos CP 10.8/50(84) [AP]

goserelin 3.6 mg implant [1] (&) bicalutamide 50 mg tablet [28], 1 pack

9064C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	402.48	25.00	ZolaCos CP 3.6/50 [AP]

▪ LEUPRORELIN

Restricted benefit

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

leuprorelin acetate 45 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

11943N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1371.62	25.00	Lucrin Depot 6-Month [VE]

leuprorelin acetate 22.5 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

8876E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	694.32	25.00	Lucrin Depot 3 Month PDS [VE]

leuprorelin acetate 30 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

8877F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	922.22	25.00	Lucrin Depot 4 Month PDS [VE]

leuprorelin acetate 7.5 mg modified release injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber syringe

8875D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	264.04	25.00	Lucrin Depot 7.5mg PDS [VE]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8708H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	694.32	25.00	Eligard 3 month [MF]

leuprorelin acetate 30 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8709J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	922.22	25.00	Eligard 4 month [MF]

leuprorelin acetate 45 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8859G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1371.62	25.00	Eligard 6 month [MF]

leuprorelin acetate 7.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8707G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	264.04	25.00	Eligard 1 month [MF]

▪ LEUPRORELIN

Restricted benefit

Central precocious puberty

Treatment Phase: Continuing treatment with this drug, or, switching gonadotropin releasing hormone analogue therapy

Treatment criteria:

- Must be treated by a medical practitioner identifying as one of: (i) a paediatric endocrinologist, (ii) an endocrinologist specialising in paediatrics; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing continuing treatment with a gonadotropin releasing hormone analogue initiated through the PBS for this PBS indication.

leuprorelin acetate 30 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11944P	1	1	..	693.50	25.00	Lucrin Depot Paediatric 30 mg PDS [VE]

▪ LEUPRORELIN

Restricted benefit

Central precocious puberty

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatric endocrinologist; OR
- Must be treated by an endocrinologist specialising in paediatrics.

Population criteria:

- Patient must be of an age that is prior to their 10th birthday if female; OR
- Patient must be of an age that is prior to their 11th birthday if male, **AND**
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 8th birthday if female; OR
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 9th birthday if male.

leuprorelin acetate 30 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11960L	1	1	..	693.50	25.00	Lucrin Depot Paediatric 30 mg PDS [VE]

▪ LEUPRORELIN

Restricted benefit

Central precocious puberty

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatric endocrinologist; OR
- Must be treated by an endocrinologist specialising in paediatrics.

Population criteria:

- Patient must be of an age that is prior to their 10th birthday if female; OR
- Patient must be of an age that is prior to their 11th birthday if male, **AND**
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 8th birthday if female; OR
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 9th birthday if male.

Restricted benefit

Central precocious puberty

Treatment Phase: Continuing treatment with this drug, or, switching gonadotropin releasing hormone analogue therapy

Treatment criteria:

- Must be treated by a medical practitioner identifying as one of: (i) a paediatric endocrinologist, (ii) an endocrinologist specialising in paediatrics; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing continuing treatment with a gonadotropin releasing hormone analogue initiated through the PBS for this PBS indication.

leuprorelin acetate 45 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13187C	1	..	..	1371.62	25.00	Eligard 6 month [MF]

▪ LEUPRORELIN (&) BICALUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be metastatic (stage D), **AND**
- Patient must require a combination of an antiandrogen and a GnRH (LH-RH) agonist.

Treatment criteria:

- Must be treated by a medical practitioner; OR

- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

leuprorelin acetate 7.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [28], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10962Y NP	‡1	5	..	406.41	25.00	Bi ELIGARD CP [MF]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [28], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10963B NP	‡1	..	..	959.95	25.00	Bi ELIGARD CP [MF]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [84], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10969H NP	‡1	1	..	1098.67	25.00	Bi ELIGARD CP [MF]

▪ TRIPTORELIN

Restricted benefit

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

triptorelin 11.25 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9379P NP	1	1	..	694.41	25.00	Diphereline [IS]

triptorelin 3.75 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9378N NP	1	5	..	264.08	25.00	Diphereline [IS]

▪ TRIPTORELIN

Restricted benefit

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Restricted benefit

Central precocious puberty

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatric endocrinologist; OR
- Must be treated by an endocrinologist specialising in paediatrics.

Population criteria:

- Patient must be of an age that is prior to their 12th birthday if female; OR
- Patient must be of an age that is prior to their 13th birthday if male, **AND**
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 9th birthday if female; OR
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 10th birthday if male.

Restricted benefit

Central precocious puberty

Treatment Phase: Continuing treatment with this drug, or, switching gonadotropin releasing hormone analogue therapy

Treatment criteria:

- Must be treated by a medical practitioner identifying as one of: (i) a paediatric endocrinologist, (ii) an endocrinologist specialising in paediatrics; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing continuing treatment with a gonadotropin releasing hormone analogue initiated through the PBS for this PBS indication.

triptorelin 22.5 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5297T NP	1	..	..	1371.68	25.00	Diphereline [IS]

HORMONE ANTAGONISTS AND RELATED AGENTS

Anti-estrogens

▪ FULVESTRANT

Authority required (STREAMLINED)

17918

Locally advanced or metastatic breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable.

Population criteria:

- Patient must not be premenopausal.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

fulvestrant 250 mg/5 mL injection, 2 x 5 mL syringes

12300J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	156.77	25.00	[a] FULVESTRANT ACCORD [OC]	[a] FULVESTRANT-AFT [AE]
					[a] FULVESTRANT EVER PHARMA [IT]	[a] Fulvestrant Sandoz [SZ]
					[a] Fulvestrant SXP [XN]	

▪ TAMOXIFEN

Note For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 30

1880Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*23.64	25.00	[a] Nolvadex-D [AP]

▪ TAMOXIFEN

Note For item codes 13960R and 13997Q, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 30

13960R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*32.92	25.00	[a] Nolvadex-D [AP]

▪ TAMOXIFEN

Note This pharmaceutical benefit is not PBS-subsidised for primary prevention of breast cancer.

Note For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 60

2110C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.54	25.00	[a] Genox 20 [AF]	[a] GenRx Tamoxifen [GX]
					[a] Tamosin [OX]	[a] Tamoxifen Sandoz [SZ]

▪ TAMOXIFEN

Note This pharmaceutical benefit is not PBS-subsidised for primary prevention of breast cancer.

Note For item codes 13960R and 13997Q, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 60

13997Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*32.72	25.00	[a] Genox 20 [AF] [a] Tamosin [OX]	[a] GenRx Tamoxifen [GX] [a] Tamoxifen Sandoz [SZ]

▪ TAMOXIFEN

Note A moderate risk of developing breast cancer is if the lifetime breast cancer risk is 1.5 to 3 times the population average. A high risk of developing breast cancer is if the lifetime breast cancer risk is more than 3 times the population average.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Reduction of breast cancer risk

Clinical criteria:

- Patient must have a moderate or high risk of developing breast cancer, **AND**
- The treatment must not exceed a dose of 20 mg per day, **AND**
- The treatment must not exceed a lifetime maximum of 5 years for this condition.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tamoxifen 20 mg tablet, 30

10911G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.00	20.54	[a] Genox 20 [AF]	[a] Nolvadex-D [AP]

▪ TAMOXIFEN

Note A moderate risk of developing breast cancer is if the lifetime breast cancer risk is 1.5 to 3 times the population average. A high risk of developing breast cancer is if the lifetime breast cancer risk is more than 3 times the population average.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Reduction of breast cancer risk

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a moderate or high risk of developing breast cancer, **AND**
- The treatment must not exceed a dose of 20 mg per day, **AND**
- The treatment must not exceed a lifetime maximum of 5 years for this condition.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tamoxifen 20 mg tablet, 30

13906X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*23.64	25.00	[a] Genox 20 [AF]	[a] Nolvadex-D [AP]

Anti-androgens

▪ APALUTAMIDE

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Special Pricing Arrangements apply.

Authority required

Castration resistant non-metastatic carcinoma of the prostate

Clinical criteria:

- The condition must have evidence of an absence of distant metastases on the most recently performed conventional medical imaging used to evaluate the condition, **AND**

- The condition must be associated with a prostate-specific antigen level that was observed to have at least doubled in value in a time period of within 10 months anytime prior to first commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 1 prior to treatment initiation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Patient must be undergoing concurrent treatment with androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Prescribing instructions:

Retain the results of all investigative imaging and prostate-specific antigen (PSA) level measurements on the patient's medical records - do not submit copies of these with this authority application.

The PSA level doubling time must be based on at least three PSA levels obtained within a time period of 10 months any time prior to first commencing a novel hormonal drug for this condition. The third reading is to demonstrate that the doubling was durable and must be at least 1 week apart from the second reading.

apalutamide 60 mg tablet, 120

12992T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3756.73	25.00	Erlyand [JC]

▪ APALUTAMIDE

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Metastatic castration sensitive carcinoma of the prostate

Clinical criteria:

- The treatment must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Patient must be undergoing concurrent androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

apalutamide 60 mg tablet, 120

13288J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3756.73	25.00	Erlyand [JC]

▪ BICALUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

5729

Metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with GnRH (LH-RH) analogue therapy.

bicalutamide 50 mg tablet, 28

8094B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	52.27	25.00	[a] APO-Bicalutamide [TX] [a] Calutex [AS] [a] Cosudex [AP]	[a] Bicalox [ZS] [a] Cosamide 50 [AF]

▪ CYPROTERONE

cyproterone acetate 100 mg tablet, 50

8019C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	60.74	25.00	[a] ANTERONE 100 [RW]	[a] Cyproterone Sandoz [HX]
		[B]1.17	61.91	25.00	[a] Androcur-100 [GH]	

cyproterone acetate 50 mg tablet, 50

1270W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*73.92	25.00	[a] Androcur [GH] [a] Cyproterone Sandoz [HX]	[a] ANTERONE 50 [RW]

▪ CYPROTERONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

cyproterone acetate 100 mg tablet, 50

14022B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*107.12	25.00	[a] ANTERONE 100 [RW]	[a] Cyproterone Sandoz [HX]
		[B]2.34	*109.46	25.00	[a] Androcur-100 [GH]	

cyproterone acetate 50 mg tablet, 50

14023C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*134.44	25.00	[a] Androcur [GH] [a] Cyproterone Sandoz [HX]	[a] ANTERONE 50 [RW]

▪ DAROLUTAMIDE

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Castration resistant non-metastatic carcinoma of the prostate

Clinical criteria:

- The condition must have evidence of an absence of distant metastases on the most recently performed conventional medical imaging used to evaluate the condition, **AND**
- The condition must be associated with a prostate-specific antigen level that was observed to have at least doubled in value in a time period of within 10 months anytime prior to first commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 1 prior to treatment initiation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Patient must be undergoing concurrent treatment with androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Prescribing instructions:

Retain the results of all investigative imaging and prostate-specific antigen (PSA) level measurements on the patient's medical records - do not submit copies of these with this authority application.

The PSA level doubling time must be based on at least three PSA levels obtained within a time period of 10 months any time prior to first commencing a novel hormonal drug for this condition. The third reading is to demonstrate that the doubling was durable and must be at least 1 week apart from the second reading.

darolutamide 300 mg tablet, 112

12684N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3575.51	25.00	Nubeqa [BN]

▪ DAROLUTAMIDE

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Metastatic castration sensitive carcinoma of the prostate

Clinical criteria:

- The treatment must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Patient must be undergoing concurrent androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

darolutamide 300 mg tablet, 112

13769Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3575.51	25.00	Nubeqa [BN]

▪ ENZALUTAMIDE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.
Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation; OR
- Patient must have been receiving PBS-subsidised treatment with abiraterone or abiraterone plus methylprednisolone for castration resistant metastatic prostate cancer prior to being associated with a class 4 or 5 BRCA1 or BRCA2 gene mutation.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

enzalutamide 40 mg capsule, 112

10174L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3346.00	25.00	Xtandi [LL]

▪ ENZALUTAMIDE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.
Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Castration resistant non-metastatic carcinoma of the prostate

Clinical criteria:

- The condition must have evidence of an absence of distant metastases on the most recently performed conventional medical imaging used to evaluate the condition, **AND**

- The condition must be associated with a prostate-specific antigen level that was observed to have at least doubled in value in a time period of within 10 months anytime prior to first commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 1 prior to treatment initiation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Patient must be undergoing concurrent treatment with androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

Prescribing instructions:

Retain the results of all investigative imaging and prostate-specific antigen (PSA) level measurements on the patient's medical records - do not submit copies of these with this authority application.

The PSA level doubling time must be based on at least three PSA levels obtained within a time period of 10 months any time prior to first commencing a novel hormonal drug for this condition. The third reading is to demonstrate that the doubling was durable and must be at least 1 week apart from the second reading.

enzalutamide 40 mg capsule, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13118K NP	1	5	..	3346.00	25.00	Xtandi [LL]

▪ ENZALUTAMIDE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Metastatic castration sensitive carcinoma of the prostate

Clinical criteria:

- The treatment must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Patient must be undergoing concurrent androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

enzalutamide 40 mg capsule, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13353T NP	1	5	..	3346.00	25.00	Xtandi [LL]

▪ FLUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

5729

Metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with GnRH (LH-RH) analogue therapy.

flutamide 250 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1417N NP	1	5	..	171.60	25.00	Flutamin [AF]

Aromatase inhibitors

▪ ANASTROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

anastrozole 1 mg tablet, 30

8179L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.77	22.31	[a] Anastrozole GH [GQ]	[a] Anastrozole Sandoz [SZ]
					[a] ANASTROZOLE-WGR [WG]	[a] APO-Anastrozole [TX]
					[a] Arianna 1 [AF]	

▪ ANASTROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

anastrozole 1 mg tablet, 30

13858J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*27.18	25.00	[a] Anastrozole GH [GQ]	[a] Anastrozole Sandoz [SZ]
					[a] ANASTROZOLE-WGR [WG]	[a] APO-Anastrozole [TX]
					[a] Arianna 1 [AF]	

▪ EXEMESTANE

Restricted benefit

Metastatic (Stage IV) breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- Patient must be receiving PBS-subsidised everolimus concomitantly for this condition.

Population criteria:

- Patient must not be pre-menopausal.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

exemestane 25 mg tablet, 30

10103R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	51.06	25.00	[a] APO-Exemestane [TX]	[a] Exemestane GH [GQ]
					[a] Exemestane Sandoz [SZ]	[a] EXEMESTANE-WGR [WG]
		[B]2.65	53.71	25.00	[a] Aromasin [PF]	

▪ EXEMESTANE

Restricted benefit

Metastatic (Stage IV) breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- Patient must be receiving PBS-subsidised everolimus concomitantly for this condition.

Population criteria:

- Patient must not be pre-menopausal.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

exemestane 25 mg tablet, 30

14036R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*87.76	25.00	[a] APO-Exemestane [TX]	[a] Exemestane GH [GQ]
						[a] Exemestane Sandoz [SZ]	[a] EXEMESTANE-WGR [WG]
			[B]5.30	*93.06	25.00	[a] Aromasin [PF]	

▪ EXEMESTANE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years, i.e. a patient who has received 2 years of tamoxifen therapy may only receive 3 years of PBS-subsidised treatment with exemestane.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

exemestane 25 mg tablet, 30

8506Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	51.06	25.00	[a] APO-Exemestane [TX]	[a] Exemestane GH [GQ]
						[a] Exemestane Sandoz [SZ]	[a] EXEMESTANE-WGR [WG]
			[B]2.65	53.71	25.00	[a] Aromasin [PF]	

▪ EXEMESTANE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years, i.e. a patient who has received 2 years of tamoxifen therapy may only receive 3 years of PBS-subsidised treatment with exemestane.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

exemestane 25 mg tablet, 30

13857H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*87.76	25.00	[a] APO-Exemestane [TX]	[a] Exemestane GH [GQ]
						[a] Exemestane Sandoz [SZ]	[a] EXEMESTANE-WGR [WG]
			[B]5.30	*93.06	25.00	[a] Aromasin [PF]	

▪ LETROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

letrozole 2.5 mg tablet, 30

8245Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.23	23.77	[a] ARX-LETROZOLE [XT]	[a] Femolet [AF]
						[a] Gynotril [ZS]	[a] Letrozole GH [HQ]
						[a] Letrozole Sandoz [SZ]	[a] LETROZOLE-WGR [WG]
						[a] Pharmacor Letrozole 2.5 [CR]	
			[B]7.28	29.51	23.77	[a] Femara 2.5 mg [NV]	

▪ LETROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be hormone receptor positive.

letrozole 2.5 mg tablet, 30

13939P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*30.10	25.00	[a] ARX-LETROZOLE [XT]	[a] Femolet [AF]
						[a] Gynotril [ZS]	[a] Letrozole GH [HQ]
						[a] Letrozole Sandoz [SZ]	[a] LETROZOLE-WGR [WG]
						[a] Pharmacor Letrozole 2.5 [CR]	
			[B]14.56	*44.66	25.00	[a] Femara 2.5 mg [NV]	

Other hormone antagonists and related agents

▪ ABIRATERONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product and abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must be used in combination with a corticosteroid, **AND**
- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not be a PBS benefit where disease progression occurs whilst being treated with any of: (i) a combination treatment containing the individual drugs in one pharmaceutical benefit, (ii) the individual drugs obtained as separate pharmaceutical benefits, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 500 mg tablet, 60

11206T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	858.60	25.00	[a] Abiraterone Dr.Reddy's [RZ]	[a] Abiraterone MedTas [TN]
						[a] Abiraterone Sandoz [SZ]	[a] Abiraterone-Teva [TB]
						[a] ABIRATERONE VIATRIS [AF]	[a] ARX-ABIRATERONE [XT]
						[a] ZYRON [NB]	[a] Zytiga [JC]

abiraterone acetate 250 mg tablet, 120

2698B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	858.60	25.00	[a] Abiraterone Dr.Reddy's [RZ]	[a] Abiraterone MedTas [TN]
						[a] Abiraterone Sandoz [SZ]	[a] Abiraterone-Teva [TB]
						[a] ABIRATERONE VIATRIS [AF]	[a] ARX-ABIRATERONE [XT]
						[a] ZYRON [NB]	[a] Zytiga [JC]

▪ ABIRATERONE (&) METHYLPREDNISOLONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product Yonsa MPred to ANDRIGA-10 or abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not be a PBS benefit where disease progression occurs whilst being treated with any of: (i) a combination treatment containing the individual drugs in one pharmaceutical benefit, (ii) the individual drugs obtained as separate pharmaceutical benefits, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 125 mg tablet [120] (&) methylprednisolone 4 mg tablet [60], 1 pack

13263C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	860.82	25.00	Yonsa Mpred [RA]

▪ ABIRATERONE (&) METHYLPREDNISOLONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product Yonsa MPred to ANDRIGA-10 or abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Metastatic castration sensitive carcinoma of the prostate

Clinical criteria:

- The treatment must be/have been initiated within 6 months of treatment initiation with androgen deprivation therapy, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Patient must be undergoing concurrent androgen deprivation therapy, **AND**
- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 125 mg tablet [120] (&) methylprednisolone 4 mg tablet [30], 1 pack

14078Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	719.38	25.00	Yonsa Mpred [RA]

▪ ABIRATERONE (&) PREDNISOLONE

Caution The bioavailability on a mg to mg basis of abiraterone combination product Yonsa MPred to ANDRIGA-10 or abiraterone single drug product is not equivalent. When changing between abiraterone products, exercise caution in explaining correct dosing directions to the patient.

Note Where the term 'novel hormonal drug' appears in this restriction, it refers to: (i) abiraterone, (ii) abiraterone and methylprednisolone, (iii) abiraterone and prednisolone, (iv) apalutamide, (v) darolutamide, (vi) enzalutamide.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must not be a PBS benefit where disease progression occurs whilst being treated with any of: (i) a combination treatment containing the individual drugs in one pharmaceutical benefit, (ii) the individual drugs obtained as separate pharmaceutical benefits, **AND**
- Patient must only receive subsidy for one novel hormonal drug per lifetime for prostate cancer (regardless of whether a drug was subsidised under a metastatic/non-metastatic indication); OR
- Patient must only receive subsidy for a subsequent novel hormonal drug where there has been a severe intolerance to another novel hormonal drug leading to permanent treatment cessation.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

abiraterone acetate 500 mg tablet [56] (&) prednisolone 5 mg tablet [56], 112

15209L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	804.45	25.00	ANDRIGA-10 [KT]

▪ DEGARELIX

Restricted benefit

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

degarelix 80 mg injection [1 vial] (&) inert substance diluent [1 syringe], 1 pack

2784M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	354.03	25.00	Firmagon 80mg [FP]

▪ DEGARELIX

Note No applications for increased maximum quantities and/or repeats will be authorised for the 120 mg powder for injection.

Restricted benefit

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

degarelix 120 mg injection [2 vials] (&) inert substance diluent [2 syringes], 1 pack

2785N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	370.16	25.00	Firmagon 120mg [FP]

▪ IMMUNOSTIMULANTS

IMMUNOSTIMULANTS

Interferons

▪ INTERFERON BETA-1B

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16321

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

16297

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

interferon beta-1b 8 million units (250 microgram) injection [15 vials] (&) inert substance diluent [15 x 1.2 mL syringes], 1 pack

8101J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	741.82	25.00	Betaferon [BN]

▪ PEGINTERFERON ALFA-2A

Note Pharmaceutical benefits that have the brand Pegasys (Ireland) can be substituted for Pegasys in the case of a shortage.

peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11416W NP	1	5	..	916.84	25.00	[a] Pegasys [XO]

peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15045W NP	1	5	..	1296.83	25.00	[a] Pegasys (Ireland) [XO]

peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11037X NP	1	5	..	1060.29	25.00	[a] Pegasys [XO]

peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14992C NP	1	5	..	1353.48	25.00	[a] Pegasys (Ireland) [XO]

▪ PEGINTERFERON BETA-1A

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16321

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10212L NP	1	4	..	617.69	25.00	Plegridy [BD]

peginterferon beta-1a 63 microgram/0.5 mL injection [0.5 mL pen device] (&) peginterferon beta-1a 94 microgram/0.5 mL injection [0.5 mL pen device], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10218T NP	‡1	..	..	617.69	25.00	Plegridy [BD]

▪ PEGINTERFERON BETA-1A

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16297

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10220X NP	1	5	..	617.69	25.00	Plegridy [BD]

Other immunostimulants

▪ GLATIRAMER ACETATE

Note Pharmaceutical benefits that have the form glatiramer acetate 40 mg/mL syringes and pharmaceutical benefits that have the form glatiramer acetate 40 mg/mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16321

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

16297

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

glatiramer acetate 40 mg/mL injection, 12 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10416F NP	1	5	..	547.80	25.00	[a] Copaxone [TB]	[a] Glatira [JU]

glatiramer acetate 40 mg/mL injection, 12 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13110B NP	1	5	..	582.08	25.00	[a] Copaxone [TB]

▪ MYCOBACTERIUM BOVIS BCG DANISH STRAIN

Restricted benefit

Primary and relapsing superficial urothelial carcinoma of the bladder

Mycobacterium bovis BCG Danish strain 30 mg injection, 4 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12931N	‡3	1	..	*1816.35	25.00	VesiCulture [LM]

▪ MYCOBACTERIUM BOVIS BCG TICE STRAIN

Restricted benefit

Primary and relapsing superficial urothelial carcinoma of the bladder

Mycobacterium bovis BCG Tice strain 500 million CFU injection, 3 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1131M	1	1	..	446.86	25.00	OncoTICE [MK]

▪ IMMUNOSUPPRESSANTS

IMMUNOSUPPRESSANTS

Selective immunosuppressants

▪ ABATACEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment.

Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority required (STREAMLINED)

14604

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If the requirement for concomitant treatment with methotrexate cannot be met because of a contraindication and/or severe intolerance, details must be documented in the patient's medical records.

abatacept 125 mg/mL injection, 4 x 1 mL syringes

13726K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	928.93	25.00	Orencia [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

13727L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	928.93	25.00	Orencia ClickJect [BQ]

▪ ABATACEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it

refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.
Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the

total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

abatacept 125 mg/mL injection, 4 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1221G	1	5	..	928.93	25.00	Orencia [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11684Y	1	5	..	928.93	25.00	Orencia ClickJect [BQ]

▪ ABATACEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement. Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs

specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

abatacept 125 mg/mL injection, 4 x 1 mL syringes

1220F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	928.93	25.00	Orencia [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

11693K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	928.93	25.00	Orencia ClickJect [BQ]

▪ APREMILAST

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17351

Severe chronic plaque psoriasis

Clinical criteria:

- Patient must not have achieved adequate response after at least 6 weeks of treatment with methotrexate prior to initiating treatment with this drug; OR
- Patient must have a contraindication to methotrexate according to the Therapeutic Goods Administration (TGA) approved Product Information; OR
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate, **AND**
- The condition must have caused significant interference with quality of life, **AND**
- Patient must not be undergoing concurrent PBS-subsidised treatment for psoriasis with each of: (i) a biological medicine, (ii) ciclosporin, (iii) deucravacitinib.

Treatment criteria:

- Must be treated by a medical practitioner who is either: (i) a dermatologist, (ii) a rheumatologist, (iii) general physician; OR
- Must be treated by a medical practitioner in consultation with one of the above specialist types who is either an accredited: (i) dermatology registrar, (ii) rheumatology registrar; OR
- Must be treated by a prescriber who is not any of the above, but where there is agreement to continue treatment (not initiate treatment) with one of the above practitioner types.

Population criteria:

- Patient must be at least 18 years of age.

For patients who do not demonstrate an adequate response to apremilast, a Psoriasis Area and Severity Index (PASI) assessment must be completed, preferably while on treatment, but no longer than 4 weeks following the cessation of treatment. This assessment will be required for patients who transition to 'biological medicines' for the treatment of 'severe chronic plaque psoriasis'.

This assessment must be documented in the patient's medical records.

apremilast 30 mg tablet, 56

12223H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	604.42	25.00	Otezla [AN]

apremilast 10 mg tablet [4] (&) apremilast 20 mg tablet [4] (&) apremilast 30 mg tablet [19], 27

12218C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	253.76	25.00	Otezla [AN]

▪ CLADRIBINE

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16345

Relapsing remitting multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed by a neurologist, **AND**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

The prescriber should write authority prescriptions for the appropriate combination of packs (1, 4 or 6 tablets) to provide sufficient drug for a treatment week based on the weight of the patient in accordance with the TGA approved Product Information. Separate authority prescriptions may be required where the dose for treatment week 5 is different to the dose for treatment week 1.

Authority required (STREAMLINED)

16299

Relapsing remitting multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate, this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

The prescriber should request authority approval for the appropriate combination of packs (1, 4 or 6 tablets) to provide sufficient drug for a treatment week based on the weight of the patient in accordance with the TGA approved Product Information. Separate authority prescriptions may be required where the dose for treatment week 5 is different to the dose for treatment week 1.

cladribine 10 mg tablet, 1

11603Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	1234.83	25.00	[a] CLADRITAB [JG]	[a] Mavenclad [SG]

cladribine 10 mg tablet, 4

11604R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*9308.26	25.00	[a] CLADRITAB [JG]	[a] Mavenclad [SG]

cladribine 10 mg tablet, 6

11611D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	6997.04	25.00	[a] CLADRITAB [JG]	[a] Mavenclad [SG]

▪ MYCOPHENOLATE

Caution Where prescribed by a non-specialist prescriber, consult with a specialist medical practitioner on matters of diagnosis, choice of immunosuppressant and monitoring of immunosuppression in the patient.

mycophenolate mofetil 1 g/5 mL powder for oral liquid, 165 mL

8651H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	#216.33	25.00	[a] CellCept [RO]	[a] Pharmacor Mycophenolate [CR]

mycophenolate mofetil 500 mg tablet, 50

8650G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	5	..	*74.37	25.00	[a] ARX-MYCOPHENOLATE [XT] [a] Mycophenolate GH [GQ] [a] Pharmacor Mycophenolate 500 [CR]	[a] Ceptolate [AF] [a] Mycophenolate Sandoz [SZ]

mycophenolate mofetil 250 mg capsule, 100

8649F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	5	..	*74.46	25.00	[a] APO-Mycophenolate [TX] [a] Pharmacor Mycophenolate 250 [CR]	[a] Mycophenolate Sandoz [SZ]

mycophenolate 180 mg enteric tablet, 120

2150E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	103.84	25.00	[a] Mycophenolic Acid ARX [XT]	[a] Myfortic [NV]

mycophenolate 360 mg enteric tablet, 120

2193K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	152.35	25.00	[a] Mycophenolic Acid ARX [XT] [a] Myfortic [NV]	[a] MYCOTEX [CR]

▪ MYCOPHENOLATE

Caution Where prescribed by a non-specialist prescriber, consult with a specialist medical practitioner on matters of diagnosis, choice of immunosuppressant and monitoring of immunosuppression in the patient.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

mycophenolate mofetil 1 g/5 mL powder for oral liquid, 165 mL

14071N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	..	*#420.14	25.00	[a] CellCept [RO]	[a] Pharmacor Mycophenolate [CR]

mycophenolate mofetil 500 mg tablet, 50

14000W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	..	*135.36	25.00	[a] ARX-MYCOPHENOLATE [XT] [a] Mycophenolate GH [GQ] [a] Pharmacor Mycophenolate 500 [CR]	[a] Ceptolate [AF] [a] Mycophenolate Sandoz [SZ]

mycophenolate mofetil 250 mg capsule, 100

13884R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	..	*135.54	25.00	[a] APO-Mycophenolate [TX] [a] Pharmacor Mycophenolate 250 [CR]	[a] Mycophenolate Sandoz [SZ]

mycophenolate 180 mg enteric tablet, 120

13856G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*197.26	25.00	[a] Mycophenolic Acid ARX [XT]	[a] Myfortic [NV]

mycophenolate 360 mg enteric tablet, 120

13938N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*295.34	25.00	[a] Mycophenolic Acid ARX [XT] [a] Myfortic [NV]	[a] MYCOTEX [CR]

Tumor necrosis factor alpha (TNF-alpha) inhibitors

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was

ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for paediatric patient

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12379M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10399H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.

A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for paediatric patient

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12411F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10400J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised

therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17114

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment of Crohn disease in a paediatric patient

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; OR
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

The assessment of response must be no more than 4 weeks old at the time of prescribing.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13224B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12420Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.

A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17114

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment of Crohn disease in a paediatric patient

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; OR
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

The assessment of response must be no more than 4 weeks old at the time of prescribing.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13218Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12434K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

15445

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

14234E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

14262P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Balance of Supply

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have received insufficient therapy with this drug for this condition to complete one of the following: (i) 25 weeks for initial treatment; (ii) 25 weeks for recommencement treatment; (iii) 24 weeks for continuing treatment; (iv) 24 weeks for transitioning from non-PBS to PBS-subsidised treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

14242N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

14263Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

15445

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

14629Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

14243P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Balance of Supply

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have received insufficient therapy with this drug for this condition to complete one of the following: (i) 25 weeks for initial treatment; (ii) 25 weeks for recommencement treatment; (iii) 24 weeks for continuing treatment; (iv) 24 weeks for transitioning from non-PBS to PBS-subsidised treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

14586Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

14283R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular

biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11529

Moderate to severe hidradenitis suppurativa

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

14587R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*1364.94	25.00	[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

14622N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1364.94	25.00	Yuflyma [EW]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

15445

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

14772L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*606.96	25.00	Amgevita [XT]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.

A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: First continuing treatment of Crohn disease in a paediatric patient

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; OR
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The assessment of response must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:

(i) received fewer than 5 repeats at the time of application; and/or

(ii) required changes to their dosing regimen during this treatment phase.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12413H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10412B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients

with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.
From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: First continuing treatment of Crohn disease in a paediatric patient

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; OR
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The assessment of response must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:

(i) received fewer than 5 repeats at the time of application; and/or

(ii) required changes to their dosing regimen during this treatment phase.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12341M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10420K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are

included within the term 'biological medicine'.
From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Selecting the correct treatment phase listing when applying for authority approval:
(1) Initial treatment.
Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.
(2) Continuing treatment.
Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.
(3) Changing therapy.
Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of

treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16991

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13213K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12325Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16991

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13211H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12334E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended

that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11524

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological agent treatment for this condition in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A maximum of 24 weeks treatment will be authorised under this restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13230H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12353E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a

response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline

measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11604

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13209F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12365T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.
From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the

alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11524

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological agent treatment for this condition in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A maximum of 24 weeks treatment will be authorised under this restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13220T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12367X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy

(Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11604

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13223Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12401Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in

biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11523

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13214L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12415K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious

adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11523

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13216N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12438P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must demonstrated or sustained an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

14221L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

14261N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Balance of Supply

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have received insufficient therapy with this drug for this condition to complete one of the following: (i) 25 weeks for initial treatment; (ii) 25 weeks for recommencement treatment; (iii) 24 weeks for continuing treatment; (iv) 24 weeks for transitioning from non-PBS to PBS-subsidised treatment.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

14749G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14245R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must demonstrated or sustained an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

14591Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

14251C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17736

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 2 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed, and the date of the first application submitted for approval.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

15153M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

15160X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17736

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 2 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed, and the date of the first application submitted for approval.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

15189K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

15162B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing/swapping therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11529

Moderate to severe hidradenitis suppurativa

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13221W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*982.22	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12330Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*982.22	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.
From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-

subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for paediatric patient

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12354F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12423W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline

must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years), or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

A maximum of 12 weeks of treatment will be authorised under this restriction.

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12449F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*1364.94	25.00	[a] Humira [VE] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12395J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*1364.94	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.
From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of

more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years). Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17114

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment of Crohn disease in a paediatric patient

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; OR
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

The assessment of response must be no more than 4 weeks old at the time of prescribing.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12436M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14995F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

18721

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic

imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13225C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12352D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and

wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11635

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required (STREAMLINED)

11606

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to their most recent course of treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13217P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12366W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they

have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
Initial 1 - use when the patient has never received a targeted therapy for this indication.
Baseline disease activity and inadequate response to conventional therapies must be demonstrated.
Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.
Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.
Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.
Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.
Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).
Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.
Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.
Recency of assessments:
Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12389C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9191R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11635

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required (STREAMLINED)

11606

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to their most recent course of treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13215M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12403T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted

therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12410E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9189P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.

A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: First continuing treatment of Crohn disease in a paediatric patient

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; OR
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The assessment of response must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:

(i) received fewer than 5 repeats at the time of application; and/or

(ii) required changes to their dosing regimen during this treatment phase.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12440R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12424X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

18721

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13219R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12437N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must demonstrated or sustained an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed 24 weeks under this restriction per authority application.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

14747E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14275H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17736

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 2 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed, and the date of the first application submitted for approval.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

15180Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15149H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16991

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12351C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14996G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as

initial treatment.
(3) Changing/swapping therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years), or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

A maximum of 12 weeks of treatment will be authorised under this restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12383R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*982.22	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12385W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*982.22	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing/swapping therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12448E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*1364.94	25.00	[a] Humira [VE] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12408C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*1364.94	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:

(i) received fewer than 5 repeats at the time of application; and/or

(ii) required changes to their dosing regimen during this treatment phase.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12391E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10960W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy

of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:

(i) received fewer than 5 repeats at the time of application; and/or

(ii) required changes to their dosing regimen during this treatment phase.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12358K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10961X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab

course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment.
Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13222X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12326R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot

change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14683

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required (STREAMLINED)

14701

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13208E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12327T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14683

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required (STREAMLINED)

14701

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13226D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12328W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13227E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12329X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

---

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient doses for up to 24 weeks treatment. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12399N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

5283C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in

biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

---

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient doses for up to 24 weeks treatment. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12425Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

5284D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a

treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.
Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14567

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13703F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

13686H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed,

(c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement. Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14567

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13732R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

13721E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.

A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17065

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

Authority required (STREAMLINED)

16999

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

15007W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

14958G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

14973C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

15019L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17065

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

Authority required (STREAMLINED)

16999

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

15038L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

15006T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an

initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).

A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.

(6B) Re-treatment (etanercept only)

A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

15009Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

15008X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial

or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12414J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*982.22	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12369B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*982.22	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment

cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR

- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:

(i) received fewer than 5 repeats at the time of application; and/or

(ii) required changes to their dosing regimen during this treatment phase.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12357J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12337H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious

adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

14998J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14997H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Authority required

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised treatment - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 January 2026,

AND

- Patient must have, prior to initiating treatment with this drug for this condition, a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; OR
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age, prior to commencement of this drug for this condition.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, a baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, the current Juvenile Spondyloarthritis Disease Activity Index score; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iv) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

15170K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

15137Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Authority required

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised treatment - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 January 2026,

AND

- Patient must have, prior to initiating treatment with this drug for this condition, a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; OR
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age, prior to commencement of this drug for this condition.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, a baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, the current Juvenile Spondyloarthritis Disease Activity Index score; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iv) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

15159W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

15147F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17065

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

Authority required (STREAMLINED)

16999

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must have been under 18 years of age at the time of initial treatment with this drug.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The assessment of response to treatment must be documented in the patient's medical records.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

15005R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15039M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.
Baseline disease activity and inadequate response to conventional therapies must be demonstrated.
Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.
Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.
Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.
Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.
Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).
Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.
Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.
Recency of assessments:
Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities/repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority required

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; OR
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority required

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; OR
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12419P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2042.73	25.00	[a] Humira [VE] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12372E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2042.73	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised

adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12361N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9078T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used

for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12363Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9104E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.
Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12375H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9102C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS
The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults

with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.
Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment.
Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is

based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12390D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9100Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12398M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9034L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.
From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The

patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

A maximum of 24 weeks treatment will be authorised under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

A maximum of 24 weeks treatment will be authorised under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12405X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8964T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply

treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12430F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8741C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.
From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-

subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

A maximum of 24 weeks treatment will be authorised under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

A maximum of 24 weeks treatment will be authorised under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12446C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

8966X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have non-infectious uveitis that is vision threatening with the diagnosis confirmed by an ophthalmologist, rheumatologist, or immunologist, **AND**
- Patient must have failed to achieve an adequate response to corticosteroid therapy in combination with at least 1 immunosuppressive agent; OR
- Patient must have flared when corticosteroid therapy was tapered to a dose of less than or equal to 7.5 mg per day of prednisone or equivalent while on immunomodulatory therapy; OR
- Patient must have failed to achieve an adequate response to at least one immunosuppressive agent in patients for whom corticosteroids are not clinically appropriate; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contraindication to corticosteroid and immunomodulatory therapy, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Vision threatening disease is defined as at least 1 of the following:

(a) A decrease in visual acuity of at least 10 letters using an ETDRS chart or equivalent;

(b) A 2-step increase in anterior chamber cells or vitreous haze;

(c) New retinal vasculitis;

(d) New retinal or choroidal lesions;

(e) Other signs of disease progression including visual field changes or electroretinogram changes

A failure to achieve an adequate response is defined as failure to meet one or more of the below criteria:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

Details of prior immunomodulatory agent and corticosteroid treatment, or details of contraindications or developed intolerances necessitating treatment withdrawal, must be documented in the patient's medical record.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include details of vision threatening disease.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Recommencement of treatment

Clinical criteria:

- Patient must have a documented history of non-infectious uveitis that is vision threatening, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment prior to having a break in therapy with this drug for this condition, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

14628X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	6	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

14222M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	6	..	495.79	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

▪ ADALIMUMAB

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have non-infectious uveitis that is vision threatening with the diagnosis confirmed by an ophthalmologist, rheumatologist, or immunologist, **AND**
- Patient must have failed to achieve an adequate response to corticosteroid therapy in combination with at least 1 immunosuppressive agent; OR
- Patient must have flared when corticosteroid therapy was tapered to a dose of less than or equal to 7.5 mg per day of prednisone or equivalent while on immunomodulatory therapy; OR
- Patient must have failed to achieve an adequate response to at least one immunosuppressive agent in patients for whom corticosteroids are not clinically appropriate; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contraindication to corticosteroid and immunomodulatory therapy, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Vision threatening disease is defined as at least 1 of the following:

(a) A decrease in visual acuity of at least 10 letters using an ETDRS chart or equivalent;

(b) A 2-step increase in anterior chamber cells or vitreous haze;

(c) New retinal vasculitis;

(d) New retinal or choroidal lesions;

(e) Other signs of disease progression including visual field changes or electroretinogram changes

A failure to achieve an adequate response is defined as failure to meet one or more of the below criteria:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

Details of prior immunomodulatory agent and corticosteroid treatment, or details of contraindications or developed intolerances necessitating treatment withdrawal, must be documented in the patient's medical record.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include details of vision threatening disease.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Recommencement of treatment

Clinical criteria:

- Patient must have a documented history of non-infectious uveitis that is vision threatening, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment prior to having a break in therapy with this drug for this condition, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

14272E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	6	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

14284T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	6	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have had a break in treatment of at least 2 years from the most recently prescribed PBS-subsidised biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; OR
- Patient must have failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, the baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment restriction to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

15146E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

15200B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have had a break in treatment of at least 2 years from the most recently prescribed PBS-subsidised biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; OR

- Patient must have failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, the baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment restriction to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

15201C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

15161Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Authority required

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised treatment - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 January 2026, **AND**
- Patient must have, prior to initiating treatment with this drug for this condition, a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; OR
- Patient must have, prior to initiating treatment with this drug for this condition, failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age, prior to commencement of this drug for this condition.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, a baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, the current Juvenile Spondyloarthritis Disease Activity Index score; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iv) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An adequate response is defined as an improvement from baseline in the Juvenile Spondyloarthritis Disease Activity Index score by at least 30% or an improvement in the persistent symptoms of axial spondylitis or sacroiliitis.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

15172M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15190L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.

A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed current Fistula Assessment Form including the date of assessment of the patient's condition of no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and

(ii) details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12360M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2042.73	25.00	[a] Humira [VE] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12393G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2042.73	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.
An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application; OR
- Patient must have extensive intestinal inflammation of the small intestine as evidenced by radiological imaging, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease that is no more than 4 weeks old at the time of application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

The PCDAI assessment must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12426B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2042.73	25.00	[a] Humira [VE] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12409D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2042.73	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing

treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing/swapping therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note **Biosimilar prescribing policy**
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.

The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12450G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2042.73	25.00	[a] Humira [VE] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12524E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2042.73	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.
An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application; OR
- Patient must have extensive intestinal inflammation of the small intestine as evidenced by radiological imaging, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease that is no more than 4 weeks old at the time of application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

The PCDAI assessment must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12373F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12432H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10413C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12388B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have

completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.
An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see

www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application; OR
- Patient must have extensive intestinal inflammation of the small intestine as evidenced by radiological imaging, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease that is no more than 4 weeks old at the time of application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

The PCDAI assessment must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12338J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12455M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10419J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12416L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities/repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority required

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; OR
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority required

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; OR
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**

- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or continuing restriction (Initial 1, Initial 2, Initial 3, or Continuing treatment), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12345R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12433J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12402R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9190Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have non-infectious uveitis that is vision threatening with the diagnosis confirmed by an ophthalmologist, rheumatologist, or immunologist, **AND**

- Patient must have failed to achieve an adequate response to corticosteroid therapy in combination with at least 1 immunosuppressive agent; OR
- Patient must have flared when corticosteroid therapy was tapered to a dose of less than or equal to 7.5 mg per day of prednisone or equivalent while on immunomodulatory therapy; OR
- Patient must have failed to achieve an adequate response to at least one immunosuppressive agent in patients for whom corticosteroids are not clinically appropriate; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contraindication to corticosteroid and immunomodulatory therapy, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Vision threatening disease is defined as at least 1 of the following:

(a) A decrease in visual acuity of at least 10 letters using an ETDRS chart or equivalent;

(b) A 2-step increase in anterior chamber cells or vitreous haze;

(c) New retinal vasculitis;

(d) New retinal or choroidal lesions;

(e) Other signs of disease progression including visual field changes or electroretinogram changes

A failure to achieve an adequate response is defined as failure to meet one or more of the below criteria:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

Details of prior immunomodulatory agent and corticosteroid treatment, or details of contraindications or developed intolerances necessitating treatment withdrawal, must be documented in the patient's medical record.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include details of vision threatening disease.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription; and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Vision threatening non-infectious uveitis

Treatment Phase: Recommencement of treatment

Clinical criteria:

- Patient must have a documented history of non-infectious uveitis that is vision threatening, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment prior to having a break in therapy with this drug for this condition, **AND**
- The treatment must not exceed 25 weeks under this restriction.

Treatment criteria:

- Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

An adequate response to treatment is defined as:

(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or

(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or

(c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or

(d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14748F	2	6	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14244Q	1	6	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note The assessment for Juvenile Spondyloarthritis Disease Activity Index score is available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4245319/table/T2/.

Note **Biosimilar prescribing policy**
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a diagnosis of enthesitis/spondylitis related juvenile idiopathic arthritis defined by at least one of the following: (i) peripheral arthritis and enthesitis, (ii) inflammatory sacroiliitis on Magnetic Resonance Imaging (MRI) plus at least 3 months of inflammatory back pain, (iii) arthritis or enthesitis plus at least 2 of: (a) sacroiliac joint tenderness, (b) inflammatory back pain, (c) presence of HLA-B27 antigen, (d) acute (symptomatic) anterior uveitis, (e) history of spondyloarthritis in a first-degree relative, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have had a break in treatment of at least 2 years from the most recently prescribed PBS-subsidised biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response for axial disease (sacroiliitis and/or spondylitis), following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs) whilst completing an appropriate exercise program, for a total period of 3 months; OR
- Patient must have failed to achieve an adequate response for peripheral disease (arthritis and/or enthesitis) following treatment with at least 2 NSAIDs, and either: (i) methotrexate at a dose of 15 mg per square metre (maximum 20 mg) weekly, (ii) sulfasalazine at a dose of 20 mg/kg (maximum 1 g) twice daily, whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If treatment with methotrexate, sulfasalazine or NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to methotrexate, sulfasalazine or NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Juvenile Spondyloarthritis Disease Activity Index score greater than 2; or

(b) persistent symptoms of axial spondylitis or sacroiliitis with prior confirmatory Magnetic Resonance Imaging (MRI) assessed by a clinician experienced with juvenile spondyloarthropathy.

The following must be provided at the time of application and documented in the patient's medical records:

(1) details of prior treatment including dose and duration of treatment; and

(i) if applicable, the baseline Juvenile Spondyloarthritis Disease Activity Index score; or

(ii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) of the MRI demonstrating inflammatory spondylitis or sacroiliitis; or

(iii) if applicable, details (name of the report provider, date of the report and unique identifying number/code that links report to the individual patient) demonstrating the presence of HLA-B27.

The Juvenile Spondyloarthritis Disease Activity Index score must be assessed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug, they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition until 2 years have elapsed. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Enthesitis/spondylitis related juvenile idiopathic arthritis

Treatment Phase: Initial treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment restriction to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

15155P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

15148G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.
An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR

- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12374G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2042.73	25.00	[a] Humira [VE] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12339K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2042.73	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic

use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)

Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.

The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12454L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12356H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Authority applications for increased quantities/repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority required

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; OR
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to

treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority required

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; OR
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or continuing restriction (Initial 1, Initial 2, Initial 3, or Continuing treatment), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12451H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12453K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12387Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9188N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

---

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12364R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

5281Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index

(PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12377K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9428F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12422T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9427E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab,

etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

---

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of

biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12428D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

5282B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.
From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised

therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note **Biosimilar prescribing policy**
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.
An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application; OR
- Patient must have extensive intestinal inflammation of the small intestine as evidenced by radiological imaging, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease that is no more than 4 weeks old at the time of application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

The PCDAI assessment must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12332C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12407B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed current Fistula Assessment Form including the date of assessment of the patient's condition of no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and

(ii) details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12340L	1	2	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12381P	3	..	..	*1468.65	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12386X	3	..	..	*1468.65	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8965W	1	2	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment.
Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP

measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details of the contraindications/severe intolerances, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, details of the contraindication or intolerance including severity to methotrexate must be provided at the time of application and documented in the patient's medical records. The maximum tolerated dose of methotrexate must be provided at the time of the application, if applicable, and documented in the patient's medical records.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided at the time of application and documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of results;

(b) details of prior treatment, including dose and date/duration of treatment.

(c) If applicable, details of any contraindications/intolerances.

(d) If applicable, the maximum tolerated dose of methotrexate.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of result;

(b) the most recent biological agent and the date of the last continuing prescription.

(c) If applicable, the new baseline scores.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13691N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

13692P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults

with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.
Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is

based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details of the contraindications/severe intolerances, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, details of the contraindication or intolerance including severity to methotrexate must be provided at the time of application and documented in the patient's medical records. The maximum tolerated dose of methotrexate must be provided at the time of the application, if applicable, and documented in the patient's medical records.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided at the time of application and documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of results;

(b) details of prior treatment, including dose and date/duration of treatment.

(c) If applicable, details of any contraindications/intolerances.

(d) If applicable, the maximum tolerated dose of methotrexate.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of result;

(b) the most recent biological agent and the date of the last continuing prescription.

(c) If applicable, the new baseline scores.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13704G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

13722F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by

a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**

- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Details of the NSAIDs trialled, their doses and duration of treatment must be provided at the time of application.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the reason a higher dose cannot be used must be provided.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be provided.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the nature and severity of this intolerance must be provided.

All relevant details must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the reason this criterion cannot be satisfied must be provided at the time of application.

The following must be provided at the time of application:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) details of the completed Exercise Program Self Certification Form (commencement and finish date); and

(iv) baseline ESR and/or CRP level.

All supporting evidence, including the completed Exercise Program Self Certification Form must be kept in the patient's medical records.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

---

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13763J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

13744J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Details of the NSAIDs trialled, their doses and duration of treatment must be provided at the time of application.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the reason a higher dose cannot be used must be provided.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be provided.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the nature and severity of this intolerance must be provided.

All relevant details must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the reason this criterion cannot be satisfied must be provided at the time of application.

The following must be provided at the time of application:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) details of the completed Exercise Program Self Certification Form (commencement and finish date); and

(iv) baseline ESR and/or CRP level.

All supporting evidence, including the completed Exercise Program Self Certification Form must be kept in the patient's medical records.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

---

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

13764K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

13754X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.

A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or

continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note **Biosimilar prescribing policy**
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed current Fistula Assessment Form including the date of assessment of the patient's condition of no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and

(ii) details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

---

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12380N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12397L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]

						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12331B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	..	..	*1468.65	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8963R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of

less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.
An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance

necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**

- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR

- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12359L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12382Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10944B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12333D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Amgevita [XT]	[a] Hadlima [RF]

[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.
An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR

- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12347W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12412G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10955N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12370C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*1468.65	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**

- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

---

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12362P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]

						[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9101B	1	3	..	495.79	25.00	[a] Abrilada [PF] [a] Hadlima [RF]	[a] Amgevita [XT] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR

- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

---

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12376J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9103D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]

[a] Hadlima [RF] [a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent

continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12378L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9033K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Prescribing the 80 mg presentation:
Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12447D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	687.15	25.00	[a] Humira [VE] [a] Yuflyma [EW]	[a] Hyrimoz [SZ]

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12394H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	687.15	25.00	[a] Humira [VE]	[a] Yuflyma [EW]

▪ ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults

with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.
Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment.
Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is

based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of

biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12400P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8737W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.
Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the

most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12429E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9099X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline

measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12442W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9077R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; OR

- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; OR
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; OR
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2 or 3 treatment (Whole body, or, face/hand/foot)

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of 17 weeks of treatment available under any of the initial treatment phases.

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 3 doses available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Clinical criteria:

- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

15031D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

14985Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in

biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.

(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; OR
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; OR
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2 or 3 treatment (Whole body, or, face/hand/foot)

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of 17 weeks of treatment available under any of the initial treatment phases.

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 3 doses available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Clinical criteria:

- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

15010B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

15020M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note At the time of authority application, medical practitioners must request the appropriate number of doses to provide sufficient drug for 16 weeks of treatment.
An appropriate amount of drug may require prescribing a combination of strengths. A separate authority prescription must be completed for each strength requested.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR

- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12350B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12371D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks

of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note **Biosimilar prescribing policy**
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required
Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; OR
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; OR
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2 or 3 treatment (Whole body, or, face/hand/foot)

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of 17 weeks of treatment available under any of the initial treatment phases.

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 3 doses available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Clinical criteria:

- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- Patient must not receive more than 17 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see

www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

14975E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*606.96	25.00	[a] Amgevita [XT]

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

14976F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	630.77	25.00	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:
Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:
Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:
Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:
Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12342N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	495.79	25.00	[a] Hadlima [RF]	[a] Humira [VE]
					[a] Hyrimoz [SZ]	[a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9426D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	495.79	25.00	[a] Abrilada [PF]	[a] Amgevita [XT]
					[a] Hadlima [RF]	[a] Hyrimoz [SZ]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in

biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:
Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12421R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	495.79	25.00	[a] Hadlima [RF] [a] Hyrimoz [SZ]	[a] Humira [VE] [a] Yuflyma [EW]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9425C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	495.79	25.00	[a] Amgevita [XT] [a] Hyrimoz [SZ]	[a] Hadlima [RF]

▪ CERTOLIZUMAB PEGOL

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen, **AND**
- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11321W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10892G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1036.66	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment,

AND

- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11318Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10897M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1036.66	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment,

AND

- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11326D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10896L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1036.66	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.
A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.
Treatment cycles:
A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through

the 'Initial 3' treatment phase.
Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.
Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.
Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.
A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or
(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or
(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.
Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.
For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12028C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12005W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1036.66	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of

therapy.
(2) Continuing treatment.
For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.
Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment,

AND

- The treatment must provide no more than the balance of up to 20 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12013G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12040Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1036.66	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

13701D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

13735X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1036.66	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11320T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10137M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1036.66	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the

new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11324B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10238W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1036.66	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment.
Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP

measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11325C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1036.66	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

3425G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1036.66	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply

treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11322X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3044.49	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10905Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3044.49	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Changing the prescribed biological medicine.

Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.

(4) Baseline measurements to determine response.

A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be

measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.
If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.
If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.
If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.
The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:
(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and
(b) C-reactive protein (CRP) level greater than 10 mg per L.
The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.
If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application.
Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.
The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.
The authority application must be made in writing and must include:
(1) details of the proposed prescription; and
(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).
The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- The condition must not have responded inadequately to biological medicine on 4 occasions within the same treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12027B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3044.49	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12063X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3044.49	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

---

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11319R	3	..	..	*3044.49	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10904X	3	..	..	*3044.49	25.00	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not

conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11323Y	3	..	..	*3044.49	25.00	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10909E	3	..	..	*3044.49	25.00	Cimzia [UC]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active

joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16778

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11202N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11216H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological

medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16787

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

14852Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Erelzi [SZ]	[a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

15050D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Erelzi [SZ]	[a] Nepexto [GQ]

▪ ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a

treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

11197H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.
Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11218K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11211C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

▪ ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where

prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14629

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

13708L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

13707K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an

alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:
an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;
AND either of the following:
(a) an active joint count of fewer than 10 active (swollen and tender) joints; or
(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or
(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:
(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

3448L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14683

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required (STREAMLINED)

14701

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR

- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11215G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11217J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16720

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required (STREAMLINED)

16795

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to their most recent course of treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11221N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11225T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept

and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the

relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

3450N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Enbrel [PF] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

3449M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Enbrel [PF] [a] Nepexto [GQ]	[a] Erelzi [SZ]

▪ ETANERCEPT

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.
Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note To complete a 24-week course of treatment beyond this authority application, the next authority application (apart from supplies obtained under 'Balance of Supply') is to be under the 'completion of course' treatment phase.
Document the patient's baseline disease severity indices scores in their medical record, in addition to providing them in this authority application, to ensure:
(i) the patient's response to treatment can be quantified from week 12; and
(ii) in the case of the patient switching therapy for this condition, the baseline scores for the initial application will be available.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14509

Severe chronic plaque psoriasis

Treatment Phase: Completion of course - treatment covering weeks 16 to 24 (Whole body)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, with the intention to complete the remainder of a 24-week treatment course with this biological medicine.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, but within 8 weeks of the last administered dose, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority required (STREAMLINED)

14508

Severe chronic plaque psoriasis

Treatment Phase: Completion of course - treatment covering weeks 16 to 24 (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, with the intention to complete the remainder of a 24-week treatment course with this biological medicine.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, but within 8 weeks of the last administered dose, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

13693Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8638P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9460X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9090K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8779C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a

treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9036N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Caution Etanercept 50 mg/mL 1ml pen devices and prefilled syringes are intended for use in children and adolescents weighting 62.5kg or more.

Note **TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS**
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.
Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before

they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or

continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note To complete a 24-week course of treatment beyond this authority application, the next authority application (apart from supplies obtained under 'Balance of Supply') is to be under the 'completion of course' treatment phase.
Document the patient's baseline disease severity indices scores in their medical record, in addition to providing them in this authority application, to ensure:
(i) the patient's response to treatment can be quantified from week 12; and
(ii) in the case of the patient switching therapy for this condition, the baseline scores for the initial application will be available.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14509

Severe chronic plaque psoriasis

Treatment Phase: Completion of course - treatment covering weeks 16 to 24 (Whole body)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, with the intention to complete the remainder of a 24-week treatment course with this biological medicine.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, but within 8 weeks of the last administered dose, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority required (STREAMLINED)

14508

Severe chronic plaque psoriasis

Treatment Phase: Completion of course - treatment covering weeks 16 to 24 (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, with the intention to complete the remainder of a 24-week treatment course with this biological medicine.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**

- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, but within 8 weeks of the last administered dose, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

13697X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	823.71	25.00	[a] Enbrel [PF] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

13733T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	823.71	25.00	[a] Enbrel [PF] [a] Nepexto [GQ]	[a] Erelzi [SZ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9456Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9086F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab,

ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9458T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9088H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these

interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers

may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

3445H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

---

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9429G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details of the contraindications/severe intolerances, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, details of the contraindication or intolerance including severity to methotrexate must be provided at the time of application and documented in the patient's medical records. The maximum tolerated dose of methotrexate must be provided at the time of the application, if applicable, and documented in the patient's medical records.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided at the time of application and documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of results;

(b) details of prior treatment, including dose and date/duration of treatment.

(c) If applicable, details of any contraindications/intolerances.

(d) If applicable, the maximum tolerated dose of methotrexate.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the reasons why this criterion cannot be satisfied must be documented in the patient's medical records. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the active joint count, ESR and/or CRP result and date of result;

(b) the most recent biological agent and the date of the last continuing prescription.

(c) If applicable, the new baseline scores.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

13687J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

13698Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ]	[a] Erelzi [SZ]

[a] Nepexto [GQ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or

the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

3447K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Enbrel [PF] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

3446J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Enbrel [PF] [a] Nepexto [GQ]	[a] Erelzi [SZ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9462B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9431J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Details of the NSAIDs trialled, their doses and duration of treatment must be provided at the time of application.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the reason a higher dose cannot be used must be provided.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be provided.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, details of the nature and severity of this intolerance must be provided.

All relevant details must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the reason this criterion cannot be satisfied must be provided at the time of application.

The following must be provided at the time of application:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) details of the completed Exercise Program Self Certification Form (commencement and finish date); and

(iv) baseline ESR and/or CRP level.

All supporting evidence, including the completed Exercise Program Self Certification Form must be kept in the patient's medical records.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

13774Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

13751R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ] [a] Nepexto [GQ]	[a] Erelzi [SZ]

▪ ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and

measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment.
Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot

be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR

- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR

- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

---

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8637N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active

joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

---

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9035M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess

response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**

- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9457R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ] [a] Erelzi [SZ]	[a] Enbrel [PF] [a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9087G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ] [a] Erelzi [SZ]	[a] Enbrel [PF] [a] Nepexto [GQ]

▪ ETANERCEPT

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to

provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9459W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ] [a] Erelzi [SZ]	[a] Enbrel [PF] [a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9089J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ] [a] Erelzi [SZ]	[a] Enbrel [PF] [a] Nepexto [GQ]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the

indication of ankylosing spondylitis (AS).
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8778B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for

PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9455P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9085E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ]	[a] Enbrel [PF]
					[a] Erelzi [SZ]	[a] Nepexto [GQ]

▪ ETANERCEPT

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological

medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note To complete a 24-week course of treatment beyond this authority application, the next authority application (apart from supplies obtained under 'Balance of Supply') is to be under the 'completion of course' treatment phase.
Document the patient's baseline disease severity indices scores in their medical record, in addition to providing them in this authority application, to ensure:
(i) the patient's response to treatment can be quantified from week 12; and
(ii) in the case of the patient switching therapy for this condition, the baseline scores for the initial application will be available.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have lesions present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be documented in the patient's medical records.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be documented in the patient's medical records.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; OR
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; OR
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2, 3 or 4 treatment (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**

- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 16 weeks treatment available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3, (iv) Initial 4.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 4 - Re-treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the whole body.

Treatment criteria:

- Patient must be undergoing re-treatment with this biological medicine for this PBS indication after an initial adequate response to the most recent treatment course, but has since experienced at least one of the following: (i) a disease flare where the PASI score has worsened (increased) by at least 50%, (ii) the current PASI score has returned above 15.

Clinical criteria:

- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be documented in the patient's medical records.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be documented in the patient's medical records.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Where a patient has had a 12 month treatment break, the length of the break is measured from the date the most recent treatment was stopped to the date of the application to re-commence treatment.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.

In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 4 - Re-treatment (face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot.

Treatment criteria:

- Patient must be undergoing re-treatment with this biological medicine for this PBS indication after an initial adequate response to the most recent treatment course, but has since experienced at least one of the following: (i) all PASI sub-measures (redness, thickness, scaling) are rated as 'moderate' to 'severe', (ii) at least 2 of the 3 PASI sub-measures are rated as 'severe' to 'very severe', (iii) the skin area affected has increased by at least 50% since the last administered dose, (iv) the skin area affected is at least 30% of the total skin area of the face/hand/foot.

Clinical criteria:

- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

1954W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting

in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9037P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*823.74	25.00	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed

treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9461Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ] [a] Erelzi [SZ]	[a] Enbrel [PF] [a] Nepexto [GQ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9091L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Brenzys [OQ] [a] Erelzi [SZ]	[a] Enbrel [PF] [a] Nepexto [GQ]

▪ ETANERCEPT

Caution Etanercept 50 mg/mL 1ml pen devices and prefilled syringes are intended for use in children and adolescents weighting 62.5kg or more.

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note To complete a 24-week course of treatment beyond this authority application, the next authority application (apart from supplies obtained under 'Balance of Supply') is to be under the 'completion of course' treatment phase.
Document the patient's baseline disease severity indices scores in their medical record, in addition to providing them in this authority application, to ensure:
(i) the patient's response to treatment can be quantified from week 12; and
(ii) in the case of the patient switching therapy for this condition, the baseline scores for the initial application will be available.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have lesions present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be documented in the patient's medical records.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be documented in the patient's medical records.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; OR
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; OR
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2, 3 or 4 treatment (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 16 weeks treatment available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3, (iv) Initial 4.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 4 - Re-treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the whole body.

Treatment criteria:

- Patient must be undergoing re-treatment with this biological medicine for this PBS indication after an initial adequate response to the most recent treatment course, but has since experienced at least one of the following: (i) a disease flare where the PASI score has worsened (increased) by at least 50%, (ii) the current PASI score has returned above 15.

Clinical criteria:

- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be documented in the patient's medical records.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be documented in the patient's medical records.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Where a patient has had a 12 month treatment break, the length of the break is measured from the date the most recent treatment was stopped to the date of the application to re-commence treatment.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.

In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 4 - Re-treatment (face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot.

Treatment criteria:

- Patient must be undergoing re-treatment with this biological medicine for this PBS indication after an initial adequate response to the most recent treatment course, but has since experienced at least one of the following: (i) all PASI sub-measures (redness, thickness, scaling) are rated as 'moderate' to 'severe', (ii) at least 2 of the 3 PASI sub-measures are rated as 'severe' to 'very severe', (iii) the skin area affected has increased by at least 50% since the last administered dose, (iv) the skin area affected is at least 30% of the total skin area of the face/hand/foot.

Clinical criteria:

- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

1964J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Enbrel [PF] [a] Nepexto [GQ]	[a] Erelzi [SZ]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

1963H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	823.71	25.00	[a] Enbrel [PF] [a] Nepexto [GQ]	[a] Erelzi [SZ]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10), **AND**
- The treatment must provide no more than the balance of up to 14 weeks therapy available under Initial 1, 2 or 3 treatment.

golimumab 100 mg/mL injection, 1 mL pen device

11502J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1038.79	25.00	Simponi [JC]

▪ GOLIMUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the

required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

11516D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11521J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

▪ GOLIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority required (STREAMLINED)

14604

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If the requirement for concomitant treatment with methotrexate cannot be met because of a contraindication and/or severe intolerance, details must be documented in the patient's medical records.

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

13699B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

13706J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active

joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3432P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11373N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

▪ GOLIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement. Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to

provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3428K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11375Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as

initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3436W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11376R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR

- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 100 mg/mL injection, 1 mL pen device

11381B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1038.79	25.00	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.
Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.
(3) Changing therapy.
Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

Application for authorisation of initial treatment must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

golimumab 100 mg/mL injection, 1 mL pen device

11382C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3050.58	25.00	Simponi [JC]

▪ GOLIMUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or
(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or
(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.
Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or re-commencement of treatment after a break of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- The condition must not have responded inadequately to biological medicine on 4 occasions within the same treatment cycle, **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Clinical criteria:

- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks duration under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

---

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

11560K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11538G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1038.79	25.00	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active

joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

---

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3430M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11365E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1038.79	25.00	Simponi [JC]

▪ GOLIMUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had

insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

---

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3426H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11372M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1038.79	25.00	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR

- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3434R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1038.79	25.00	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11361Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1038.79	25.00	Simponi [JC]

▪ INFLIXIMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.
Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis',

further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply for Initial treatment - subcutaneous form

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment with subcutaneous form restriction to complete 22 weeks initial treatment (intravenous and subcutaneous inclusive), **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- The treatment must provide no more than the balance of up to 22 weeks treatment available under the Initial treatment - subcutaneous form.

Population criteria:

- Patient must be at least 18 years of age.

infliximab 120 mg/mL injection, 1 mL pen device

12566J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	285.77	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12555T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	373.83	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply for Initial treatment - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks initial treatment (intravenous and subcutaneous inclusive), **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment - subcutaneous form.

Population criteria:

- Patient must be at least 18 years of age.

infliximab 120 mg/mL injection, 1 mL pen device

12584H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12550M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks initial treatment (intravenous and subcutaneous inclusive), **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

infliximab 120 mg/mL injection, 1 mL pen device

12567K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12597B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:
(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.
(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: Balance of supply (including switching formulation) where the full duration of treatment available under a particular treatment phase was not requested in the preceding prescription

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis, **AND**
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application did not specify the full quantity of repeat prescriptions available under the relevant PBS listing, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions; OR
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application was for a different formulation of this benefit, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions.

Population criteria:

- Patient must be at least 18 years of age.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the drug formulation is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

infliximab 120 mg/mL injection, 1 mL pen device

13056E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13078H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.
(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply (including switching formulation) where the full duration of treatment available under a particular treatment phase was not requested in the preceding prescription

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application did not specify the full quantity of repeat prescriptions available under the relevant PBS listing, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions; OR
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application was for a different formulation of this benefit, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions.

Population criteria:

- Patient must be at least 18 years of age.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the drug formulation is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

infliximab 120 mg/mL injection, 1 mL pen device

13070X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13058G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:
(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.
(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Balance of supply (including switching formulation) where the full duration of treatment available under a particular treatment phase was not requested in the preceding prescription

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)], **AND**
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application did not specify the full quantity of repeat prescriptions available under the relevant PBS listing, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions; OR
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application was for a different formulation of this benefit, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions.

Population criteria:

- Patient must be at least 18 years of age.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the drug formulation is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

infliximab 120 mg/mL injection, 1 mL pen device

13061K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13074D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:
(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.
(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Balance of supply (including switching formulation) where the full duration of treatment available under a particular treatment phase was not requested in the preceding prescription

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis, **AND**
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application did not specify the full quantity of repeat prescriptions available under the relevant PBS listing, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions; OR
- Patient must be undergoing continuing PBS-subsidised treatment with this benefit, irrespective of formulation, where each of the following is true: (i) the most recent authority application was for a different formulation of this benefit, (ii) this authority application does not extend the current treatment phase beyond that available under the listing of the most recent authority application, (iii) this Balance of Supply listing is not being accessed on consecutive occasions.

Population criteria:

- Patient must be at least 18 years of age.

Where there is a current, approved PBS prescription with valid repeat prescriptions specified (i.e. where the drug formulation is changing), mark the prescription that is intended for no further supply as 'Cancelled'.

infliximab 120 mg/mL injection, 1 mL pen device

13075E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13065P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a

treatment failure.
Selecting the correct treatment phase listing when applying for authority approval:
(1) Initial treatment.
Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.
(2) Continuing treatment.
Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.
(3) Changing therapy.
Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17434

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the intravenous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab intravenous form continuing treatment restriction, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed within 4 weeks prior to completing their current course of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

infliximab 120 mg/mL injection, 1 mL pen device

12587L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12552P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment.
Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP

measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17551

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If the requirement for concomitant treatment with methotrexate cannot be met because of a contraindication and/or severe intolerance, details must be documented in the patient's medical records.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

infliximab 120 mg/mL injection, 1 mL pen device

12554R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12553Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.
A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.
Treatment cycle:
A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.
The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to

the date of first initial treatment application under the next treatment cycle.
If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
Initial 1 - use when the patient has never received a targeted therapy for this indication.
Baseline disease activity and inadequate response to conventional therapies must be demonstrated.
Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.
Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.
Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.
Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.
Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).
Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.
Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.
Recency of assessments:
Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

18869

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient; OR
- Patient must have both: (i) a total PCDAI score of 30 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; OR
- Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

infliximab 120 mg/mL injection, 1 mL pen device

12560C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12586K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17531

Severe psoriatic arthritis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must have both: (i) provided the patient with an adequate response with the preceding supply, (ii) been assessed for response after at least 12 weeks of therapy, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

infliximab 120 mg/mL injection, 1 mL pen device

13054C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13047Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17502

Ankylosing spondylitis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must have both: (i) provided the patient with an adequate response with the preceding supply, (ii) been assessed for response after at least 12 weeks of therapy, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

infliximab 120 mg/mL injection, 1 mL pen device

13048R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13069W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17431

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment (whole body, or, face/hand/foot) with subcutaneous form or switching from intravenous form to subcutaneous form

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must have both: (i) provided the patient with an adequate response with the preceding supply, (ii) been assessed for response after at least 12 weeks of therapy, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where the condition is affecting the whole body, an adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by at least 75%, or, is sustained at this level, when compared with the baseline value for this treatment cycle.

Where the condition is affecting the face/hand/foot, an adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) A reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or, sustained at this level, as compared to the baseline values. Indicate the rating (0=none, 1=slight) for each of these 3 observations in the authority application for each affected area; or

(ii) A reduction by at least 75% in the skin area affected, or, sustained at this level, as compared to the baseline value for this treatment cycle.

All assessment findings must be no more than 1 month old at the time of application. Response assessments must be performed on the same affected area assessed at baseline.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

infliximab 120 mg/mL injection, 1 mL pen device

13076F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13050W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24

weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17533

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Population criteria:

- Patient must be at least 18 years of age.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

infliximab 120 mg/mL injection, 1 mL pen device

13060J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13073C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes

biological and targeted synthetic disease modifying anti-rheumatic drugs.
A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.
Treatment cycle:
A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.
The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.
If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
Initial 1 - use when the patient has never received a targeted therapy for this indication.
Baseline disease activity and inadequate response to conventional therapies must be demonstrated.
Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.
Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.
Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.
Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.
Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).
Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.
Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.
Recency of assessments:
Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:
(1) The Balance of supply listing - apply under this listing if the treatment phase is yet to be completed; the following prescription is to be under a Continuing treatment listing.
(2) A Continuing treatment listing - apply under one of these types of listings where a patient is demonstrating a response to treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have received treatment with the IV formulation of this drug for this condition; OR
- Patient must have received an approved PBS authority prescription for treatment with the IV formulation of this drug for this condition; OR
- Patient must not have received treatment with the IV formulation of this drug, but has met the restrictions criteria as specified in the Initial 1, 2, or 3 for the IV formulation for this condition.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The following information must be provided for patients who have not received the IV formulation as loading dose(s), but has met the restrictions criteria as specified in the Initial 1, 2, or 3 for the IV formulation:

(i) reason for loading doses being omitted; and

(ii) if applicable, details of prior systemic therapy [dosage, date of commencement and duration of therapy]; and

(iii) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(iv) if applicable, details of intestinal inflammation marker/s; and
(v) if applicable, the PCDAI or CDAI score and the date of assessment; and
(vi) the date of the most recent clinical assessment.

infliximab 120 mg/mL injection, 1 mL pen device

12551N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12585J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL pen device

12575W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12561D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'.

Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:
(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.
(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL pen device

12577Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

12576X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:
(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.
(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL pen device

13049T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13057F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.
From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the

date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:
(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.
(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL pen device

13055D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13072B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:

(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.
(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL pen device

13062L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13067R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*738.30	25.00	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.
Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was

approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Where there is already an approved authority prescription for the IV formulation, an authority application for this subcutaneously administered form can be made under one of:
(1) The Balance of Supply listing - apply under this listing if the treatment phase (Initial treatment, First Continuing treatment, Subsequent Continuing treatment) is yet to be completed; the following authority application is to be under a Continuing treatment listing.

(2) A Continuing treatment listing - apply under one of these types of listings where a treatment phase is concluding/has concluded; this typically occurs for the dose due at treatment week 16, 40, 64, 88 etc.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment with the subcutaneous form where a concurrent PBS authority application for the intravenously (IV) administered formulation is being made

Treatment criteria:

- Must be treated by a specialist prescriber who is the same prescriber completing the PBS authority application for the IV administered formulation of this drug/biological medicine, **AND**
- Patient must be undergoing treatment with this benefit where: (i) there is a concurrent PBS authority application for the IV administered formulation submitted for approval, (ii) the concurrent PBS authority application is approved/in the process of being approved.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PBS administrator will confirm that:

(i) there is a concurrent authority application for the intravenous (IV) formulation of this benefit for the patient;

(ii) the concurrent authority application for the IV formulation is to be approved before approving this authority application.

infliximab 120 mg/mL injection, 1 mL pen device

13077G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*562.18	25.00	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL syringe

13066Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*738.30	25.00	Remsima SC [EW]

Interleukin inhibitors

▪ BIMEKIZUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years), or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

15110G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*6805.76	25.00	Bimzelx [UC]

bimekizumab 320 mg/2 mL injection, 2 mL pen devices

15119R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*6805.76	25.00	Bimzelx [UC]

▪ BIMEKIZUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.
A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.
Treatment cycles:
A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.
Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.
Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.
Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.
A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
(1) Initial treatment.
Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or
(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or
(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.
Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14589W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3457.56	25.00	Bimzelx [UC]

▪ BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed

treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14590X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3457.56	25.00	Bimzelx [UC]

▪ BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an

'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

---

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14602M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3457.56	25.00	Bimzelx [UC]

▪ BIMEKIZUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing/swapping therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 December 2025,

AND

- Patient must have had a Hurley stage II or III with an abscess and inflammatory nodule (AN) count greater than or equal to 3 prior to starting treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment by achieving Hidradenitis Suppurativa Clinical Response (HiSCR) after 12 weeks of treatment if the patient has been treated with this drug for this condition for 12 weeks or longer,

AND

- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Assessment of disease severity must not have been more than 4 weeks old at the time treatment with this drug was initiated.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal. The name of the one course of antibiotics must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal.

(v) the Hidradenitis Suppurativa Clinical Response (HiSCR) result if the patient has received 12 weeks or more of treatment.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

A patient may qualify for PBS-subsidised treatment under this restriction once only.

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

15133L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3457.56	25.00	Bimzelx [UC]

bimekizumab 320 mg/2 mL injection, 2 mL pen devices

15112J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3457.56	25.00	Bimzelx [UC]

▪ BIMEKIZUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing/swapping therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**

- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.

The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

15116N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*6805.76	25.00	Bimzelx [UC]

bimekizumab 320 mg/2 mL injection, 2 mL pen devices

15131J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*6805.76	25.00	Bimzelx [UC]

▪ BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide

new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

13652M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3457.56	25.00	Bimzelx [UC]

bimekizumab 320 mg/2 mL injection, 2 mL pen devices

15262G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3457.56	25.00	Bimzelx [UC]

▪ BIMEKIZUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of

'biological medicine'.
A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.
Treatment cycles:
A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.
Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.
Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.
Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.
A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or
(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or
(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.
Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- The condition must not have responded inadequately to biological medicine on 4 occasions within the same treatment cycle, **AND**

- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle, **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14593C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3457.56	25.00	Bimzelx [UC]

▪ BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14625R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3457.56	25.00	Bimzelx [UC]

▪ BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**

- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

---

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

14618J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3457.56	25.00	Bimzelx [UC]

▪ BIMEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week

for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

bimekizumab 160 mg/mL injection, 2 x 1 mL pen devices

13644D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	3457.56	25.00	Bimzelx [UC]

bimekizumab 320 mg/2 mL injection, 2 mL pen devices

15256Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	3457.56	25.00	Bimzelx [UC]

▪ GUSELKUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active

joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy.

Where an assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond, or to have failed to sustain a response to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy.

Where an assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond, or to have failed to sustain a response to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

guselkumab 100 mg/mL injection, 1 x 1 mL syringe

12590P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3654.31	25.00	Tremfya [JC]

guselkumab 100 mg/mL injection, 1 x 1 mL pen device

12568L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3654.31	25.00	Tremfya [JC]

▪ GUSELKUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

guselkumab 100 mg/mL injection, 1 x 1 mL syringe

11614G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3654.31	25.00	Tremfya [JC]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

12209N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3291.30	25.00	Taltz [LY]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be

assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:
(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.
The authority application must be made in writing and must include:
(a) details of the proposed prescription(s); and
(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.
The most recent PASI assessment must be no more than 4 weeks old at the time of application.
Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.
A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11033Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3291.30	25.00	Taltz [LY]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been

completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

12217B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3291.30	25.00	Taltz [LY]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.
Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years)

[further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count, ESR and/or CRP must be no more than 4 weeks old at the time of application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11623R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3291.30	25.00	Taltz [LY]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than

5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11032P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	3291.30	25.00	Taltz [LY]

▪ RISANKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

risankizumab 150 mg/mL injection, 1 mL pen device

14713J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	5209.24	25.00	Skyrizi [VE]

▪ RISANKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than

5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

risankizumab 150 mg/mL injection, 1 mL pen device

14142H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	5209.24	25.00	Skyrizi [VE]

▪ RISANKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

risankizumab 150 mg/mL injection, 1 mL pen device

14732J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	5209.24	25.00	Skyrizi [VE]

▪ RISANKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be

assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

risankizumab 150 mg/mL injection, 1 mL pen device

14111Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	5209.24	25.00	Skyrizi [VE]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break

in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

secukinumab 150 mg/mL injection, 1 mL pen device

10893H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	694.23	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14956E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1373.04	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

14164L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14983N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1373.04	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing/swapping therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see

www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

14146M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14970X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1373.04	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater

than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10494H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14971Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1373.04	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10901R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1373.05	25.00	Cosentyx [NV]

secukinumab 150 mg/mL injection, 1 mL pen device

10898N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	694.23	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15027X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1373.04	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

10906B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	694.23	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15029B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1373.04	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically

for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.
A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.
Treatment cycles:
A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.
Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.
Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.
Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.
A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or
(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or
(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.
Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patients) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

secukinumab 150 mg/mL injection, 1 mL pen device

12297F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	694.23	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or
(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or
(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.
Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

secukinumab 150 mg/mL injection, 1 mL pen device

12307R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	694.23	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing/swapping therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR

- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 16 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.

The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

14161H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15030C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1373.04	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF PATIENTS WITH MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for patient with the indication of moderate to severe hidradenitis suppurativa.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Moderate to Severe Hidradenitis Suppurativa.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a

biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab or secukinumab prior to 1 December 2025 is considered to start their first cycle as of 1 December 2025.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions, a treatment cycle is considered to have been completed, and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication 'moderate to severe hidradenitis suppurativa' before starting a new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle, and where a break in therapy of less than 5 years has occurred, a further course of treatment with another biological medicine may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for moderate to severe hidradenitis suppurativa.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing/swapping therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior antibiotic use. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response as defined in the restriction within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurement of abscess and inflammatory nodule (AN) count submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior antibiotic courses need not be re-trialled.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 16 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.

The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

This restriction is intended for induction dosing only.

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

This restriction is intended for induction dosing only.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(i) the Hurley stage grading; and

(ii) the AN count.

If the application is submitted through HPOS form upload or mail, it must include:

(i) details of the proposed prescription(s); and

(ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The details of two proposed prescriptions should be submitted with every initial application for this drug.

Prescribing the 150 mg presentation:

One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.

Prescribing the 300 mg presentation:

One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.

This restriction is intended for induction dosing only.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

14154Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*5304.36	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15004Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*5304.32	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious

infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10899P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1373.05	25.00	Cosentyx [NV]

secukinumab 150 mg/mL injection, 1 mL pen device

10895K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	694.23	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15018K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1373.04	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

---

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

secukinumab 150 mg/mL injection, 1 mL pen device

10890E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*2718.40	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14957F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*5304.32	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or

(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.

Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has

experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The stated maximum quantity of 5 with zero repeats is intended for a patient undergoing the loading dose regimen of 150 mg administered at weeks 0, 1, 2, 3, and 4 (a total of 5 doses) followed by monthly administration thereafter.

State in the application whether a loading dose regimen is intended or not.

Where a loading dose regimen is intended, request a maximum quantity of 5 and zero repeats to cover doses at weeks 0, 1, 2, 3 and 4. Doses at week 8, 12, and 16 can be sought under the relevant 'Balance of supply' listing.

Where no loading dose regimen is intended, request a maximum quantity of 1 and seek an increase in the number of repeats from zero to 4 repeats to cover dosing at weeks 4, 8, 12 and 16. Where increased repeats are sought, the maximum quantity sought must not be greater than 1.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- The condition must not have responded inadequately to biological medicine on 4 occasions within the same treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

The stated maximum quantity of 5 with zero repeats is intended for a patient undergoing the loading dose regimen of 150 mg administered at weeks 0, 1, 2, 3, and 4 (a total of 5 doses) followed by monthly administration thereafter.

State in the application whether a loading dose regimen is intended or not.

Where a loading dose regimen is intended, request a maximum quantity of 5 and zero repeats to cover doses at weeks 0, 1, 2, 3 and 4. Doses at week 8, 12, and 16 can be sought under the relevant 'Balance of supply' listing.

Where no loading dose regimen is intended, request a maximum quantity of 1 and seek an increase in the number of repeats from zero to 4 repeats to cover dosing at weeks 4, 8, 12 and 16. Where increased repeats are sought, the maximum quantity sought must not be greater than 1.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The stated maximum quantity of 5 with zero repeats is intended for a patient undergoing the loading dose regimen of 150 mg administered at weeks 0, 1, 2, 3, and 4 (a total of 5 doses) followed by monthly administration thereafter.

State in the application whether a loading dose regimen is intended or not.

Where a loading dose regimen is intended, request a maximum quantity of 5 and zero repeats to cover doses at weeks 0, 1, 2, 3 and 4. Doses at week 8, 12, and 16 can be sought under the relevant 'Balance of supply' listing.

Where no loading dose regimen is intended, request a maximum quantity of 1 and seek an increase in the number of repeats from zero to 4 repeats to cover dosing at weeks 4, 8, 12 and 16. Where increased repeats are sought, the maximum quantity sought must not be greater than 1.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

12321L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*3370.64	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be

assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:
(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.
The authority application must be made in writing and must include:
(1) details of the proposed prescription(s); and
(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.
The most recent PASI assessment must be no more than 4 weeks old at the time of application.
Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.
A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10425Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1373.05	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14972B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1373.04	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.
Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10894J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*5304.36	25.00	Cosentyx [NV]

secukinumab 150 mg/mL injection, 1 mL pen device

10900Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*2718.40	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

14955D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*5304.32	25.00	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10910F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	..	..	*5304.36	25.00	Cosentyx [NV]

Secukinumab 300 mg/2 mL injection, 2 mL pen device

15028Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	..	..	*5304.32	25.00	Cosentyx [NV]

▪ TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment, Whole body or Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tildrakizumab 100 mg/mL injection, 1 mL syringe

11613F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3146.00	25.00	Ilumya [RA]

▪ TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tildrakizumab 100 mg/mL injection, 1 mL syringe

11616J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3146.00	25.00	Ilumya [RA]

▪ TOCILIZUMAB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine

therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.
(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

17742

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must be 30kg or over, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count provided with the initial treatment application.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11720W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11742B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients over 18 years who have a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS-subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
Alternative biological medicine refers to adalimumab and etanercept.
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12762Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12761P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.
This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021,

AND

- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12768B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12767Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing

treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.
(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17710

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must be under 30kg, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count provided with the initial treatment application.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

13301C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

13306H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Active giant cell arteritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist, clinical immunologist or neurologist experienced in the management of giant cell arteritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed 52 weeks in total including initial and continuing applications.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11721X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11722Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11730J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11750K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Active giant cell arteritis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a rheumatologist, clinical immunologist or neurologist experienced in the management of giant cell arteritis.

Clinical criteria:

- Patient must have clinical symptoms of active giant cell arteritis in the absence of any other identifiable cause, **AND**
- Patient must have an ESR equal to or greater than 30 mm/hour within the past 6 weeks; OR
- Patient must have a CRP equal to or greater than 10 mg/L within the past 6 weeks; OR
- Patient must have active giant cell arteritis confirmed by positive temporal artery biopsy or imaging, **AND**
- Patient must have had a history of an ESR equal to or greater than 50 mm/hour or a CRP equal to or greater than 24.5 mg/L at diagnosis, **AND**
- Patient must have had temporal artery biopsy revealing features of giant cell arteritis at diagnosis; OR
- Patient must have had evidence of large-vessel vasculitis by magnetic resonance (MR) or computed tomography (CT) angiography or PET/CT at diagnosis; OR
- Patient must have had evidence of positive temporal artery halo sign by ultrasound (US) at diagnosis, **AND**
- The treatment must be in combination with a tapering course of corticosteroids, **AND**
- The treatment must not exceed 52 weeks in total including initial and continuing applications.

Population criteria:

- Patient must be aged 50 years or older.

Clinical symptoms of giant cell arteritis at diagnosis include unequivocal cranial symptoms of giant cell arteritis (new onset localized headache, scalp tenderness, temporal artery tenderness or decreased pulsation, ischemia related vision loss, or otherwise unexplained mouth or jaw pain upon mastication); or symptoms of polymyalgia rheumatica, defined as shoulder and/or hip girdle pain associated with inflammatory morning stiffness.

The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS and must include:

(a) details (dates, results, and unique identifying number/code or provider number) of evidence that the patient has active giant cell arteritis including pathology reports outlining the patient's ESR or CRP levels within the last 6 weeks, or positive temporal artery biopsy or imaging; and

(b) details (dates, results, and unique identifying number/code or provider number) of evidence that the patient has been diagnosed with giant cell arteritis with a history of an ESR equal to or greater than 50 mm/hour or a CRP equal to or greater than 24.5 mg/L at diagnosis.

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

(i) A completed authority prescription form; and

(ii) A completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11743C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11744D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active systemic juvenile idiopathic arthritis (sJIA).

Treatment cycles

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:
continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy; and
fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious

infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.
Where treatment has resulted in an inadequate response on 2 occasions, a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active systemic juvenile idiopathic arthritis' before starting a new treatment cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was prescribed to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.
Prescribing under the correct 'Treatment Phase' listing for the authority application
Initial treatment
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active systemic juvenile idiopathic arthritis'.
Continuing treatment
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority prescription for continuing treatment is not to be written on the same day as initial treatment.
Recommencement of treatment after a break of less than 12-months in PBS-subsidised therapy, within the same treatment cycle
Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count, fever and/or CRP level and platelet count) will not need to be restated, except if the patient has had a break in therapy of more than 12 months.
Baseline measurements to determine response
Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial authority application is provided with a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.
Recommencement of treatment after a 12-month break in PBS-subsidised therapy
Apply under the 'Initial 3' treatment listing.
Withdrawal of treatment after sustained remission
Withdrawal of treatment with a biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be documented in the patient's medical records at the time treatment is ceased. These results must be provided to Services Australia if subsequent authority applications are required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply for Initial treatment - Initial 1 (new patient) or Initial 2 (retrial or recommencement of treatment after a break of less than 12 months) or Initial 3 (recommencement of treatment after a break of more than 12 months) - in a patient of any weight being administered a subcutaneous form of this biological medicine

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (retrial or recommencement of treatment after a break of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under Initial 3 (recommencement of treatment after a break of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12102Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12094M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment.
Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP

measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

13685G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

13720D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active systemic juvenile idiopathic arthritis (sJIA).

Treatment cycles

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:
continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy; and
fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive

multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

Where treatment has resulted in an inadequate response on 2 occasions, a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active systemic juvenile idiopathic arthritis' before starting a new treatment cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was prescribed to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

Prescribing under the correct 'Treatment Phase' listing for the authority application

Initial treatment

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active systemic juvenile idiopathic arthritis'.

Continuing treatment

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority prescription for continuing treatment is not to be written on the same day as initial treatment.

Recommencement of treatment after a break of less than 12-months in PBS-subsidised therapy, within the same treatment cycle

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count, fever and/or CRP level and platelet count) will not need to be restated, except if the patient has had a break in therapy of more than 12 months.

Baseline measurements to determine response

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial authority application is provided with a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

Recommencement of treatment after a 12-month break in PBS-subsidised therapy

Apply under the 'Initial 3' treatment listing.

Withdrawal of treatment after sustained remission

Withdrawal of treatment with a biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be documented in the patient's medical records at the time treatment is ceased. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

14088

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment in a patient weighing at least 30 kg

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity provided with the initial treatment application.

The following reports must be documented in the patient's medical records where appropriate:

(a) baseline and current pathology reports detailing C-reactive protein (CRP) levels; and

(b) baseline and current pathology reports detailing platelet count.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of prescribing and must be documented in the patient's medical records.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response

assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12099T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12084B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active systemic juvenile idiopathic arthritis (sJIA).

Treatment cycles

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy; and

fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

Where treatment has resulted in an inadequate response on 2 occasions, a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active systemic juvenile idiopathic arthritis' before starting a new treatment cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was prescribed to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

Prescribing under the correct 'Treatment Phase' listing for the authority application

Initial treatment

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active systemic juvenile idiopathic arthritis'.

Continuing treatment

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority prescription for continuing treatment is not to be written on the same day as initial treatment.

Recommencement of treatment after a break of less than 12-months in PBS-subsidised therapy, within the same treatment cycle

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count, fever and/or CRP level and platelet count) will not need to be restated, except if the patient has had a break in therapy of more than 12 months.

Baseline measurements to determine response

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial authority application is provided with a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

Recommencement of treatment after a 12-month break in PBS-subsidised therapy

Apply under the 'Initial 3' treatment listing.

Withdrawal of treatment after sustained remission

Withdrawal of treatment with a biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be documented in the patient's medical records at the time treatment is ceased. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

14084

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment in a patient weighing less than 30 kg

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity provided with the initial treatment application.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of prescribing and must be documented in the patient's medical records.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12086D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12090H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients back to tocilizumab from another biological medicine, where treatment was changed due to unavailability of tocilizumab due to the critical medicines shortage.
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12806B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12792G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.
Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.
Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
(1) Selecting the correct 'Treatment phase' listing to apply under
Initiating subsidy:
(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment.
Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP

measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

10954M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11567T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (ii) oral or parenteral methotrexate at a dose of 20 mg weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (iii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months.

Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

(a) an active joint count of at least 10 active (swollen and tender) joints; or

(b) an active joint count of at least 2, affecting the following joints: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; or

(e) development/worsening of erosive disease due to active arthritis.

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) details of prior treatment including dose and duration of treatment.

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either: (a) a total active joint count of at least 10 active (swollen and tender) joints; (b) at least 2 active major joints; (c) active arthritis affecting the cervical spine or temporomandibular joint; (d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; (e) development/worsening of erosive disease due to active arthritis.

Active major joints are defined as: elbow, wrist, knee, ankle, shoulder, and hip.

All measurements must be no more than 4 weeks old at the time of this application and must be documented in the patient's medical records.

Where the baseline active joint count is based on total active joints (i.e. more than 10 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active major joints, the response must be demonstrated on the total number of active major joints.

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) the date of the last continuing prescription.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 16 or 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 or 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 or 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions for patients 30 kg or over; OR
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions for patients under 30 kg.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11748H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11734N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or

cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR

- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**

- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11741Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11725D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note **TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS**

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active systemic juvenile idiopathic arthritis (sJIA).

Treatment cycles

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy; and

fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

Where treatment has resulted in an inadequate response on 2 occasions, a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active systemic juvenile idiopathic arthritis' before starting a new treatment cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was prescribed to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

Prescribing under the correct 'Treatment Phase' listing for the authority application

Initial treatment

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active systemic juvenile idiopathic arthritis'.

Continuing treatment

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority prescription for continuing treatment is not to be written on the same day as initial treatment.

Recommencement of treatment after a break of less than 12-months in PBS-subsidised therapy, within the same treatment cycle

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count, fever and/or CRP level and platelet count) will not need to be restated, except if the patient has had a break in therapy of more than 12 months.

Baseline measurements to determine response

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial authority application is provided with a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

Recommencement of treatment after a 12-month break in PBS-subsidised therapy

Apply under the 'Initial 3' treatment listing.

Withdrawal of treatment after sustained remission

Withdrawal of treatment with a biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be documented in the patient's medical records at the time treatment is ceased. These results must be provided to Services Australia if subsequent authority applications are required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient weighing at least 30 kg)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; OR
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 2 active joints; and

(b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or

(c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The assessment of response to prior treatment must be documented in the patient's medical records.

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active systemic juvenile idiopathic arthritis; and

(b) details of prior treatment including dose and duration of treatment.

The following reports must be documented in the patient's medical records where appropriate:

(a) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(b) details of prior treatment including dose and duration of treatment; and

(c) the pathology reports detailing CRP and platelet count where appropriate.

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retrial or recommencement of treatment after a break of less than 12 months in a patient weighing at least 30 kg)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The assessment of response to treatment must be documented in the patient's medical records.

The following reports must be documented in the patient's medical records where appropriate:

(a) pathology reports detailing C-reactive protein (CRP) level and platelet count.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to retrial or recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break of more than 12 months in a patient weighing at least 30 kg)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have at least one of: (a) an active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); OR
- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active systemic juvenile idiopathic arthritis.

The following reports must be documented in the patient's medical records where appropriate:

(a) pathology reports detailing C-reactive protein (CRP) level and platelet count.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12095N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12083Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active systemic juvenile idiopathic arthritis (sJIA).

Treatment cycles

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:
continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy; and
fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.
Where treatment has resulted in an inadequate response on 2 occasions, a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active systemic juvenile idiopathic arthritis' before starting a new treatment cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was prescribed to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

Prescribing under the correct 'Treatment Phase' listing for the authority application

Initial treatment
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active systemic juvenile idiopathic arthritis'.
Continuing treatment
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority prescription for continuing treatment is not to be written on the same day as initial treatment.
Recommencement of treatment after a break of less than 12-months in PBS-subsidised therapy, within the same treatment cycle
Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count, fever and/or CRP level and platelet count) will not need to be restated, except if the patient has had a break in therapy of more than 12 months.
Baseline measurements to determine response
Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial authority application is provided with a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.
Recommencement of treatment after a 12-month break in PBS-subsidised therapy
Apply under the 'Initial 3' treatment listing.
Withdrawal of treatment after sustained remission
Withdrawal of treatment with a biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be documented in the patient's medical records at the time treatment is ceased. These results must be provided to Services Australia if subsequent authority applications are required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient weighing less than 30 kg)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; OR
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to prior treatment must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 2 active joints; and

(b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or

(c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The assessment of response to prior treatment must be documented in the patient's medical records.

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be documented in the patient's medical records.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active systemic juvenile idiopathic arthritis; and

(b) the details of prior treatment including dose and duration of treatment.

The following reports must be documented in the patient's medical records where appropriate:

(a) pathology reports detailing C-reactive protein (CRP) level and platelet count.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retrial or recommencement of treatment after a break of less than 12 months in a patient weighing less than 30 kg)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The assessment of response to treatment must be documented in the patient's medical records.

The following reports must be documented in the patient's medical records where appropriate:

(a) pathology reports detailing C-reactive protein (CRP) level and platelet count.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to retrial or recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was prescribed in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of a new treatment cycle after a break of more than 12 months in a patient weighing less than 30 kg)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have at least one of: (a) an active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); OR
- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active systemic juvenile idiopathic arthritis.

The following reports must be documented in the patient's medical records where appropriate:

(a) pathology reports detailing C-reactive protein (CRP) level and platelet count.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12105D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12085C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	778.52	25.00	Actemra ACTPen [RO]

▪ TOCILIZUMAB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or
(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.
Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.
The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.
(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.
Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.
Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

10951J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	778.52	25.00	Actemra Subcutaneous Injection [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11565Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	778.52	25.00	Actemra ACTPen [RO]

▪ USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing, Subsequent continuing treatment - balance of supply (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but the full number of repeats available under the continuing treatment phase was not prescribed.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12662K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14890Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient

is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

The most recent fistula assessment must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats; up to 1 repeat will be authorised for patients whose dosing frequency is every 12 weeks. Up to a maximum of 2 repeats will be authorised for patients whose dosing frequency is every 8 weeks.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

The most recent fistula assessment must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats; up to 1 repeat will be authorised for patients whose dosing frequency is every 12 weeks. Up to a maximum of 2 repeats will be authorised for patients whose dosing frequency is every 8 weeks.

ustekinumab 90 mg/mL injection, 1 mL syringe

13789R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	986.28	25.00	[a] Stelara [JC] [a] Wezlana [AN]	[a] Steqeyma [EW]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious

adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16854

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

15368W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	794.25	25.00	Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14877B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Adalimumab and Ustekinumab only:

To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16886

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment (Whole body) - treatment covering week 28 and onwards restrictions, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority required (STREAMLINED)

16911

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment (Face, hand, foot) - treatment covering week 28 and onwards restrictions, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

ustekinumab 90 mg/mL injection, 1 mL syringe

14878C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

15390B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	794.25	25.00	Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14933Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of

less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16909

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

ustekinumab 90 mg/mL injection, 1 mL syringe

14907N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion

of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16835

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required (STREAMLINED)

16967

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

ustekinumab 90 mg/mL injection, 1 mL syringe

14917D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

15400M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	794.25	25.00	Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14944M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16945

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

ustekinumab 90 mg/mL injection, 1 mL syringe

14918E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:
Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

18721

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

If a patient does not demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

ustekinumab 90 mg/mL injection, 1 mL syringe

14926N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

15397J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*1579.14	25.00	Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14909Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*1579.14	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a

treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-

biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note For the next authority approval following this one, aim to conduct and submit the PASI assessment at approximately 4 weeks prior to when a new authority application is due to ensure uninterrupted supply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

ustekinumab 90 mg/mL injection, 1 mL syringe

14943L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14891R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to

prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Increase in the maximum number of repeats of up to 2 may be authorised in patients whose dosing frequency is every 8 weeks.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: First continuing, Subsequent continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

ustekinumab 90 mg/mL injection, 1 mL syringe

13261Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	986.28	25.00	[a] Stelara [JC] [a] Wezlana [AN]	[a] Steqeyma [EW]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ustekinumab 90 mg/mL injection, 1 mL syringe

14893W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14899E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.
Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.

Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing, Subsequent continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14908P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing, Subsequent continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10767Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant

continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed

treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note For the next authority approval following this one, aim to conduct and submit the PASI assessment at approximately 4 weeks prior to when a new authority application is due to ensure uninterrupted supply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment (Whole body) - treatment covering week 28 and onwards restrictions, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment (Face, hand, foot) - treatment covering week 28 and onwards restrictions, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The assessment of response to treatment must be provided in this application and documented in the patient's medical records.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12664M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to Services Australia no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to Services Australia no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

9305R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from

the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Selecting the correct treatment phase listing when applying for authority approval:
(1) Initial treatment.
Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.
(2) Continuing treatment.
Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.
(3) Changing therapy.
Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score), **AND**
- The treatment must not exceed a single dose to be administered at week 8 under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy (dosage, date of commencement and duration of therapy).

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 1 pre-filled syringe of 90 mg and no repeats.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must not exceed a single dose to be administered at week 8 under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 1 pre-filled syringe of 90 mg and no repeats.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score), **AND**
- The treatment must not exceed a single dose to be administered at week 8 under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 1 pre-filled syringe of 90 mg and no repeats.

Details of the accepted toxicities including severity can be found on the Services Australia website.

ustekinumab 90 mg/mL injection, 1 mL syringe

13273N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	986.28	25.00	[a] Stelara [JC] [a] Wezlana [AN]	[a] Steqeyma [EW]

▪ USTEKINUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab, infliximab and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab, infliximab or ustekinumab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab, infliximab or ustekinumab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab, infliximab or ustekinumab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab, infliximab or ustekinumab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab, infliximab or ustekinumab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab, infliximab or ustekinumab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab or ustekinumab therapy after 1 April 2011.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab, infliximab or ustekinumab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab, infliximab or ustekinumab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab, infliximab or ustekinumab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and ustekinumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab, infliximab or ustekinumab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab, infliximab or ustekinumab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Applications for authorisation must be made in writing and must include:

(1) details of the two proposed prescriptions; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed current Fistula Assessment Form including the date of assessment of the patient's condition of no more than 4 weeks old at the time of application.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 1 vial or pre-filled syringe of 90 mg and no repeats.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum quantity of a weight-based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg with no repeats provide for an initial 16-week course of this drug will be authorised

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted between 8 and 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Applications for authorisation must be made in writing and must include:

(1) details of the two proposed prescriptions; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and

(ii) details of prior biological medicine treatment including details of date and duration of treatment.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 1 vial or pre-filled syringe of 90 mg and no repeats.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

A maximum quantity of a weight-based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg with no repeats provide for an initial 16-week course of this drug will be authorised

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ustekinumab 90 mg/mL injection, 1 mL syringe

13805N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	986.28	25.00	[a] Stelara [JC] [a] Wezlana [AN]	[a] Steqeyma [EW]

▪ USTEKINUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.
A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.
Treatment cycle:
A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.
The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.
If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
Initial 1 - use when the patient has never received a targeted therapy for this indication.
Baseline disease activity and inadequate response to conventional therapies must be demonstrated.
Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.
Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.
Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.
Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority required

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; OR
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority required

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; OR
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**

- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient

Clinical criteria:

- Patient must be receiving treatment with this drug for this condition where treatment was initiated as a paediatric patient via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program), **AND**
- Patient must have met the paediatric PBS eligibility criteria for initial treatment with a targeted therapy treatment for this condition, **AND**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

A maximum number of repeats of this drug consisting of up to 1 repeat for patients whose dosing frequency is every 12 weeks and up to 2 repeats for patients whose dosing frequency is every 8 weeks, will be authorised.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend treatment beyond 24 weeks.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may only qualify for PBS-subsidised treatment under this restriction once. For continuing PBS-subsidised treatment, patients must qualify under the Continuing treatment criteria.

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or continuing restriction (Initial 1, Initial 2, Initial 3, Continuing, or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

ustekinumab 90 mg/mL injection, 1 mL syringe

14934B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14898D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*1579.14	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.
Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.
Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.
Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.
Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.
Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).
Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.
Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.
Recency of assessments:
Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for targeted therapies, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Authority required

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; OR
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority required

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; OR
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 doses are requested at the time of the application, authority approvals for sufficient treatment based on the patient's weight to complete dosing at weeks 0 and 8 may be requested through the Balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient

Clinical criteria:

- Patient must be receiving treatment with this drug for this condition where treatment was initiated as a paediatric patient via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program), **AND**
- Patient must have met the paediatric PBS eligibility criteria for initial treatment with a targeted therapy treatment for this condition, **AND**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

A maximum number of repeats of this drug consisting of up to 1 repeat for patients whose dosing frequency is every 12 weeks and up to 2 repeats for patients whose dosing frequency is every 8 weeks, will be authorised.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend treatment beyond 24 weeks.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may only qualify for PBS-subsidised treatment under this restriction once. For continuing PBS-subsidised treatment, patients must qualify under the Continuing treatment criteria.

Authority required

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction per authority application.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A maximum number of repeats of this drug consisting of up to 1 repeat for patients whose dosing frequency is every 12 weeks and up to 2 repeats for patients whose dosing frequency is every 8 weeks, will be authorised.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested by applying through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend the continuing treatment period.

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or continuing restriction (Initial 1, Initial 2, Initial 3, Continuing, or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment), **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

11178H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*1579.14	25.00	[a] Stelara [JC]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10774C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14916C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept and ustekinumab for patients under 18 years of age with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was prescribed in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naive patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of

more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 4) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 4) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment will be used to determine eligibility for continuing treatment and must be conducted within 8 weeks of the last administered dose.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
Adalimumab and Ustekinumab only:
To avoid an interruption of supply for First continuing treatment, the assessment should be submitted no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be documented in the patient's medical records. Where a response assessment is not conducted, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and Ustekinumab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks per continuing treatment course under the First continuing treatment restriction with that drug, provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks under the Subsequent continuing treatment restriction with that drug, provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine more than once within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment provided with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is provided within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment. Where a patient is changing from treatment with etanercept to adalimumab or ustekinumab the prescriber must provide a baseline PASI measurement, as well as a PASI score demonstrating a response to treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Recommencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except

etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note **Biosimilar prescribing policy**
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note The 28-weeks of treatment provided by this listing is intended to cover doses occurring at week 0, week 4 and week 16. Based on body weight, request an amount of biological medicine sufficient to cover a dose occurring at these timepoints. The original prescription is intended to cover a dose at week 0 and the 2 repeat prescriptions available are intended to cover doses at week 4 and week 16.
The dose due at week 28 is obtained with the first prescription obtained under the 'Continuing treatment' phase. Remind the patient to return for clinical review at approximately week 24 of treatment to enable ample time to obtain the authority application enabling dosing from week 28 and onwards.
Document the patient's baseline disease severity indices scores in their medical record, in addition to providing them in this authority application, to ensure:
(i) the patient's response to treatment can be quantified; and
(ii) in the case of the patient switching therapy for this condition, the baseline scores for the initial application will be available.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have lesions present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined.

Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; OR
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; OR
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2 or 3 treatment (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 3 doses available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of 3 doses available under any of the initial treatment phases.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**

- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

Provide in this authority application, and document in the patient's medical records, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined.

Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change or recommencement of treatment after a break in biological medicine of less than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.

Response to preceding supply:

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

ustekinumab 90 mg/mL injection, 1 mL syringe

14897C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12669T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14879D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, bimekizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious

infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab, 24 weeks of therapy for bimekizumab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted

within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 6 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks; (vi) deucravacitinib at a dose of 6 mg once daily for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, deucravacitinib, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast, deucravacitinib or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate dosage, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ustekinumab 90 mg/mL injection, 1 mL syringe

14935C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	..	986.28	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

9304Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	..	794.25	25.00	[a] Stelara [JC]	[a] Wezlana [AN]

ustekinumab 45 mg/0.5 mL injection, 0.5 mL syringe

14892T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	..	794.25	25.00	[a] Steqeyma [EW]	[a] Wezlana [AN]

Calcineurin inhibitors

▪ CICLOSPORIN

Caution Where prescribed by a non-specialist prescriber, consult with a specialist medical practitioner on matters of diagnosis, choice of immunosuppressant and monitoring of immunosuppression in the patient.

ciclosporin 100 mg/mL oral liquid, 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8661W NP	2	3	..	*701.04	25.00	Neoral [NV]

ciclosporin 10 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8657P NP	2	3	..	*91.96	25.00	Neoral 10 [NV]

ciclosporin 100 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8660T NP	2	3	..	*214.04	25.00	[a] APO-Ciclosporin [TX] [a] Neoral 100 [NV]	[a] CICLOSPORIN-WGR [WG]

ciclosporin 25 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8658Q NP	2	3	..	*60.34	25.00	[a] APO-Ciclosporin [TX] [a] Neoral 25 [NV]	[a] CICLOSPORIN-WGR [WG]

ciclosporin 50 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8659R NP	2	3	..	*110.04	25.00	[a] APO-Ciclosporin [TX] [a] Neoral 50 [NV]	[a] CICLOSPORIN-WGR [WG]

▪ CICLOSPORIN

Caution Where prescribed by a non-specialist prescriber, consult with a specialist medical practitioner on matters of diagnosis, choice of immunosuppressant and monitoring of immunosuppression in the patient.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ciclosporin 100 mg/mL oral liquid, 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14001X NP	4	3	..	*1392.72	25.00	Neoral [NV]

ciclosporin 10 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13999T NP	4	3	..	*172.32	25.00	Neoral 10 [NV]

ciclosporin 100 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13911E NP	4	3	..	*418.72	25.00	[a] APO-Ciclosporin [TX] [a] Neoral 100 [NV]	[a] CICLOSPORIN-WGR [WG]

ciclosporin 25 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13883Q NP	4	3	..	*106.32	25.00	[a] APO-Ciclosporin [TX] [a] Neoral 25 [NV]	[a] CICLOSPORIN-WGR [WG]

ciclosporin 50 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13910D NP	4	3	..	*210.28	25.00	[a] APO-Ciclosporin [TX] [a] Neoral 50 [NV]	[a] CICLOSPORIN-WGR [WG]

▪ TACROLIMUS

Caution Careful monitoring of patients is mandatory.

tacrolimus 3 mg modified release capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11914C	1	2	..	369.77	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 750 microgram capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10870D	1	3	..	99.96	25.00	Tacrolimus Sandoz [SZ]

tacrolimus 2 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10871E	1	3	..	266.34	25.00	Tacrolimus Sandoz [SZ]

tacrolimus 500 microgram capsule, 100

8646C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	68.05	25.00	[a] Pacrolim [AF] [a] Prograf [LL] [a] Tacrolimus Sandoz [SZ]	[a] Pharmacor Tacrolimus 0.5 [CR] [a] Tacrograf [RW]

tacrolimus 500 microgram modified release capsule, 30

5299X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	53.49	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 1 mg capsule, 100

8647D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	122.12	25.00	[a] Pacrolim [AF] [a] Prograf [LL] [a] Tacrolimus Sandoz [SZ]	[a] Pharmacor Tacrolimus 1 [CR] [a] Tacrograf [RW]

tacrolimus 1 mg modified release capsule, 60

5300Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	78.80	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 5 mg capsule, 50

8648E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	291.12	25.00	[a] Pharmacor Tacrolimus 5 [CR] [a] Tacrograf [RW]	[a] Prograf [LL] [a] Tacrolimus Sandoz [SZ]

tacrolimus 5 mg modified release capsule, 30

5451X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	420.28	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

▪ TACROLIMUS

Caution Careful monitoring of patients is mandatory.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

tacrolimus 3 mg modified release capsule, 50

13996P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*730.18	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 750 microgram capsule, 100

14066H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*189.12	25.00	Tacrolimus Sandoz [SZ]

tacrolimus 2 mg capsule, 100

13995N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*523.32	25.00	Tacrolimus Sandoz [SZ]

tacrolimus 500 microgram capsule, 100

13908B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*122.10	25.00	[a] Pacrolim [AF] [a] Prograf [LL] [a] Tacrolimus Sandoz [SZ]	[a] Pharmacor Tacrolimus 0.5 [CR] [a] Tacrograf [RW]

tacrolimus 500 microgram modified release capsule, 30

13907Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*92.62	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 1 mg capsule, 100

14070M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*234.88	25.00	[a] Pacrolim [AF] [a] Prograf [LL] [a] Tacrolimus Sandoz [SZ]	[a] Pharmacor Tacrolimus 1 [CR] [a] Tacrograf [RW]

tacrolimus 1 mg modified release capsule, 60

13962W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*144.68	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

tacrolimus 5 mg capsule, 50

13909C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*572.88	25.00	[a] Pharmacor Tacrolimus 5 [CR] [a] Tacrograf [RW]	[a] Prograf [LL] [a] Tacrolimus Sandoz [SZ]

tacrolimus 5 mg modified release capsule, 30

14039X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*831.20	25.00	[a] ADVAGRAF XL [LQ]	[a] Tacrolimus XR Sandoz [SZ]

Sphingosine-1-phosphate (S1P) receptor modulators

▪ ETRASIMOD

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

etrasimod 2 mg tablet, 28

14601L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1429.64	25.00	Velsipity [PF]

▪ ETRASIMOD

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy (dosage, date of commencement and duration of therapy).

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

etrasimod 2 mg tablet, 28

14600K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1429.64	25.00	Velsipity [PF]

▪ FINGOLIMOD

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16325

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Population criteria:

- Patient must weigh 40 kg or less.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

16346

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Population criteria:

- Patient must weigh 40 kg or less.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

fingolimod 250 microgram capsule, 28

11818B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.91	25.00	Gilenya [NV]

▪ FINGOLIMOD

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

16301

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

fingolimod 500 microgram capsule, 28

5262Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	771.26	25.00	[a] AKM Fingolimod [RW]	[a] FILOSIR [NM]
					[a] Fingolimod Dr.Reddy's [RZ]	[a] Fingolimod Sandoz [SZ]
					[a] Fingolimod SUN [RA]	[a] Fingolimod-Teva [TB]
					[a] Fynod [AF]	[a] Gilenya [NV]
					[a] Pharmacor Fingolimod [CR]	

▪ OZANIMOD

Note Ensure that PBS-subsidy is approved for the 920 mcg strength prior to supply of this titration pack. It is advisable to only have the titration pack prescription dispensed at the same time as a prescription for the 920 mcg capsules, or where a supply of the 920 mcg capsules is already in existence (in the case of mid treatment dose interruption).
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14017

Moderate to severe ulcerative colitis

Treatment Phase: Dose escalation occurring at initial treatment or re-initiation of treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

ozanimod 230 microgram capsule [4] (&) ozanimod 460 microgram capsule [3], 7

13251K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	544.71	25.00	Zeposia [BQ]

▪ OZANIMOD

Note The initiation pack is intended for use at the commencement of treatment and for re-initiation of therapy following treatment interruption. The first prescription for the 920 microgram capsules should occur under the Initial treatment restriction. Subsequent prescriptions should then occur under the Continuing treatment restriction. If treatment interruption of more than 14 consecutive days occurs for reasons other than lack of efficacy, apply under the Continuing treatment restriction for each of the Initiation pack and 920 microgram capsules. If treatment interruption occurs within the first 14 days, or, for more than 7 consecutive doses between treatment Days 15 to 28, re-apply for an initiation pack under the 'Initial treatment' treatment phase.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

16301

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

ozanimod 230 microgram capsule [4] (&) ozanimod 460 microgram capsule [3], 7

12278F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	544.71	25.00	Zeposia [BQ]

ozanimod 920 microgram capsule, 28

12271W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2126.85	25.00	Zeposia [BQ]

▪ OZANIMOD

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3

biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

ozanimod 920 microgram capsule, 28

13269J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2126.85	25.00	Zeposia [BQ]

▪ OZANIMOD

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR

- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 9 and 17 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted between 9 and 17 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 9 and 17 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

ozanimod 920 microgram capsule, 28

13271L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2126.85	25.00	Zeposia [BQ]

▪ SIPONIMOD

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16347

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be/have previously been diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of at least one of the brain/spinal cord; OR
- The condition must be/have previously been diagnosed as clinically definite relapsing-remitting multiple sclerosis supported by written certification, which is documented in the patient's medical records, from a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory**,** with/without assistance**/**support, **AND**
- Patient must have mild disability in at least 3 functional systems; OR
- Patient must have moderate disability in at least 1 functional system.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Functional systems referred to in this restriction are the: visual, brain stem, pyramidal, cerebellar, sensory, bowel/bladder and cerebral/cognitive systems.

Select a dose and pack size appropriate for the patient's CYP2C9 metabolising enzyme status.

Note There is no specific Medical Benefits Schedule item for CYP2C9 metabolising enzyme status testing.

Authority required (STREAMLINED)

16303

Multiple sclerosis

Treatment Phase: Continuing treatment (including recommencement of treatment)

Clinical criteria:

- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must be ambulatory**,** with/without assistance**/**support, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

siponimod 250 microgram tablet, 12

12172P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	223.51	25.00	Mayzent [NV]

siponimod 2 mg tablet, 28

12158X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2126.85	25.00	Mayzent [NV]

siponimod 1 mg tablet, 28

14607T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	1988.12	25.00	Mayzent [NV]

Janus-associated kinase (JAK) inhibitors

▪ BARICITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:
an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;
AND either of the following:
(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).
The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.
Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.
If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.
If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

baricitinib 2 mg tablet, 28

13689L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1032.23	25.00	Olumiant [LY]

baricitinib 4 mg tablet, 28

13702E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1032.23	25.00	Olumiant [LY]

▪ BARICITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

baricitinib 2 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11442F	1	5	..	1032.23	25.00	Olumiant [LY]

baricitinib 4 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11443G	1	5	..	1032.23	25.00	Olumiant [LY]

▪ BARICITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

baricitinib 2 mg tablet, 28

11437Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1032.23	25.00	Olumiant [LY]

baricitinib 4 mg tablet, 28

11447L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1032.23	25.00	Olumiant [LY]

▪ DEUCRAVACITINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17391

Severe chronic plaque psoriasis

Clinical criteria:

- Patient must not have achieved adequate response after at least 6 weeks of treatment with methotrexate prior to initiating treatment with this drug; OR
- Patient must have a contraindication to methotrexate according to the Therapeutic Goods Administration (TGA) approved Product Information; OR
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate, **AND**
- The condition must have caused significant interference with quality of life, **AND**
- Patient must not be undergoing concurrent PBS-subsidised treatment for psoriasis with each of: (i) a biological medicine, (ii) ciclosporin, (iii) apremilast.

Treatment criteria:

- Must be treated by a medical practitioner who is either: (i) a dermatologist, (ii) a rheumatologist, (iii) general physician; OR
- Must be treated by a medical practitioner in consultation with one of the above specialist types who is either an accredited: (i) dermatology registrar, (ii) rheumatology registrar; OR
- Must be treated by a prescriber who is not any of the above, but where there is agreement to continue treatment (not initiate treatment) with one of the above practitioner types.

Population criteria:

- Patient must be at least 18 years of age.

For patients who do not demonstrate an adequate response to deucravacitinib, a Psoriasis Area and Severity Index (PASI) assessment must be completed, preferably while on treatment, but no longer than 4 weeks following the cessation of treatment. This assessment will be required for patients who transition to 'biological medicines' for the treatment of 'severe chronic plaque psoriasis'.

This assessment must be documented in the patient's medical records.

deucravacitinib 6 mg tablet, 28

13649J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1252.09	25.00	Sotyktu [BQ]

▪ TOFACITINIB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.
(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17707

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count provided with the initial treatment application.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tofacitinib 1 mg/mL oral liquid, 240 mL

13738C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	1145.05	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

tofacitinib 5 mg tablet, 56

13730P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1145.05	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a

response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment Phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.
(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17707

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count provided with the initial treatment application.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tofacitinib 5 mg tablet, 56

13737B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1145.05	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate.

The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the

necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.
Continuing subsidy:
Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.
The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.
'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tofacitinib 5 mg tablet, 56

10511F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1145.05	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

---

tofacitinib 5 mg tablet, 56

11675L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1145.05	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1

October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tofacitinib 5 mg tablet, 56

13345J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1145.05	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of

biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note If a dose increase from tofacitinib 5mg twice daily to tofacitinib 10mg twice daily is required, tofacitinib 10mg may be authorised under the Balance of supply restriction to complete up to 24 weeks continuing treatment.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note If a dose increase from tofacitinib 5mg twice daily to tofacitinib 10mg twice daily is required, tofacitinib 10mg may be authorised under this restriction to complete up to 24 weeks continuing treatment.

---

tofacitinib 5 mg tablet, 56

12557X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1145.05	25.00	Xeljanz [PF]

tofacitinib 10 mg tablet, 56

12589N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1889.76	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (ii) oral or parenteral methotrexate at a dose of 20 mg weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (iii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

(a) an active joint count of at least 10 active (swollen and tender) joints; or

(b) an active joint count of at least 2, affecting the following joints: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; or

(e) development/worsening of erosive disease due to active arthritis.

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) details of prior treatment including dose and duration of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either: (a) a total active joint count of at least 10 active (swollen and tender) joints; (b) at least 2 active major joints; (c) active arthritis affecting the cervical spine or temporomandibular joint; (d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; (e) development/worsening of erosive disease due to active arthritis, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active major joints are defined as: elbow, wrist, knee, ankle, shoulder, and hip.

All measurements must be no more than 4 weeks old at the time of this application and must be documented in the patient's medical records.

Where the baseline active joint count is based on total active joints (i.e. more than 10 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active major joints, the response must be demonstrated on the total number of active major joints.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) the date of the last continuing prescription.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

tofacitinib 1 mg/mL oral liquid, 240 mL

13770R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	1145.05	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed with the indication of severe active juvenile idiopathic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe active juvenile idiopathic arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term "biological medicine".

Treatment cycles:

From 1 December 2023, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may switch to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 12-month break in PBS-subsidy from all biological medicines with the PBS indication 'severe active juvenile idiopathic arthritis' before starting a new treatment cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was prescribed to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 December 2023 is considered to be in their first cycle as of 1 December 2023. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 December 2023, will commence a new treatment cycle under the Initial 3 treatment restriction.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 12 months has occurred a further course of treatment may be commenced within the same treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of more than 12 months has occurred a new treatment cycle must be commenced.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment Phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for 'severe active juvenile idiopathic arthritis'.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to precede initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (joint count) or the prior non-biological medicine therapy requirements will not need to be restated, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany the initial 2 authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count provided with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is provided within a treatment cycle and the eligibility for continuing treatment should be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12-month break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be provided to Services Australia if subsequent authority applications are required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (ii) oral or parenteral methotrexate at a dose of 20 mg weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; (iii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be documented in the patient's medical records.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be documented in the patient's medical records.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

(a) an active joint count of at least 10 active (swollen and tender) joints; or

(b) an active joint count of at least 2, affecting the following joints: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; or

(e) development/worsening of erosive disease due to active arthritis.

The assessment of response to prior treatment must be documented in the patient's medical records.

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) details of prior treatment including dose and duration of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 10 active joints; or

(b) a reduction in the number of the following active joints, from at least 2, by at least 50%: elbow, wrist, knee, ankle, shoulder, and hip; or

(c) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting the cervical spine or temporomandibular joint; or

(d) at least a 50% reduction from baseline on the frequency of oral or intra-articular corticosteroids use to control flares of disease associated with active arthritis; or

(e) an improvement from baseline by at least 50% in the signs and symptoms attributable to active arthritis affecting joint(s) with erosive disease.

The assessment of response to treatment must be documented in the patient's medical records.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either: (a) a total active joint count of at least 10 active (swollen and tender) joints; (b) at least 2 active major joints; (c) active arthritis affecting the cervical spine or temporomandibular joint; (d) at least 2 separate episodes of oral or intra-articular corticosteroids use within 12 months to control flares of disease; (e) development/worsening of erosive disease due to active arthritis, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active major joints are defined as: elbow, wrist, knee, ankle, shoulder, and hip.

All measurements must be no more than 4 weeks old at the time of this application and must be documented in the patient's medical records.

Where the baseline active joint count is based on total active joints (i.e. more than 10 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active major joints, the response must be demonstrated on the total number of active major joints.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) the date of assessment of severe active juvenile idiopathic arthritis; and

(b) the date of the last continuing prescription.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

tofacitinib 5 mg tablet, 56

13755Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1145.05	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tofacitinib 5 mg tablet, 56

10517M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1145.05	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological

medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

11690G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1145.05	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their

first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Selecting the correct treatment phase listing when applying for authority approval:
(1) Initial treatment.
Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.
(2) Continuing treatment.
Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.
(3) Changing therapy.
Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

12556W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1145.05	25.00	Xeljanz [PF]

tofacitinib 10 mg tablet, 56

12588M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1889.76	25.00	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR

- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tofacitinib 5 mg tablet, 56

13349N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1145.05	25.00	Xeljanz [PF]

▪ UPADACITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Dose change (increasing up to the 30 mg dose, or, decreasing back down to the 15 mg dose) - whole body, or, face/hands

Treatment criteria:

- Patient must not be undergoing each of: (i) commencing treatment through this treatment phase listing, (ii) treatment accessed through this treatment phase on more than 2 consecutive occasions, **AND**
- Patient must be undergoing existing PBS-subsidised treatment with this therapy where each of the following is true: (i) there is a change in daily dose, (ii) any remaining PBS repeat prescriptions for the strength that the patient is changing from, is marked as 'cancelled', **AND**
- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist, **AND**
- Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy with this PBS indication (combination with oral corticosteroids is permitted as these are not listed with the PBS indication: chronic severe atopic dermatitis).

upadacitinib 30 mg modified release tablet, 28

12827D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	1983.58	25.00	Rinvoq [VE]

upadacitinib 15 mg modified release tablet, 28

12835M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe Crohn disease

Treatment Phase: Extended induction period (optional) from weeks 12 to 24

Clinical criteria:

- Patient must must have experienced an inadequate therapeutic benefit following the initial 12-week induction period.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

upadacitinib 30 mg modified release tablet, 28

13762H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1983.58	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply

treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14499

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug under this treatment phase as their most recent course of PBS-subsidised biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The assessment of response to treatment must be documented in the patient's medical records and must be no more than 4 weeks old at the time of the authority application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

upadacitinib 15 mg modified release tablet, 28

14125K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any further authority applications occurring immediately after access through this dose modification listing are not to occur through any of the following Treatment phase listings: (i) Balance of Supply, (ii) Initial Treatment.

Note Dose modification

Where the drug's Product Information indicates variable dosing regimens based on the individual's response/tolerance, apply under this listing to continue treatment with the new strength. Mark any remaining repeat prescriptions for the discontinued strength with the word 'cancelled'. This treatment phase listing recognises that a patient's optimal dose may not always be immediately apparent at the time of treatment initiation and therefore does not require confirmation of an objective, adequate response to the preceding supply of drug.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Dose modification

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)], **AND**
- Patient must be undergoing existing PBS-subsidised treatment with this therapy.

upadacitinib 30 mg modified release tablet, 28

13265E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1983.58	25.00	Rinvoq [VE]

upadacitinib 15 mg modified release tablet, 28

13256Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.

Treatment cycles:

A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.

Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.

Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.

Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.

A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or

(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note

that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or
(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.
Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment, **AND**

- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

upadacitinib 15 mg modified release tablet, 28

13343G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine. 'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Balance of Supply listings:

Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.

Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat

prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.

(2) Baseline measurements to determine response.

Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - first continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

11979L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).
Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.
Treatment cycles:
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Prescribing under the correct 'Treatment phase' listing for the authority application:
(1) Initial treatment.
Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.
(2) Continuing treatment.
Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.
(3) Changing therapy.
Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an

'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

---

upadacitinib 15 mg modified release tablet, 28

12621G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess

response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

12648Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Selecting the correct treatment phase listing when applying for authority approval:

(1) Initial treatment.

Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.

(2) Continuing treatment.

Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.

(3) Changing therapy.

Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.

(5) Balance of supply.

Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note If a dose strength change is required, see 'Dose modification' treatment phase to continue treatment at a new dose strength.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- The treatment must have been prescribed most recently through the Continuing treatment phase in a quantity which did not seek the full number available in regards to any of: (i) the quantity per dispensing, (ii) repeat prescriptions, **AND**
- The treatment must provide no more than the balance of 24 weeks treatment.

upadacitinib 30 mg modified release tablet, 28

13249H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1983.58	25.00	Rinvoq [VE]

upadacitinib 15 mg modified release tablet, 28

13250J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.
Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).
Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.
Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.
Recency of assessments:
Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe Crohn disease

Treatment Phase: Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient

Clinical criteria:

- Patient must be receiving treatment with this drug for this condition where treatment was initiated as a paediatric patient via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program), **AND**
- Patient must have met the paediatric PBS eligibility criteria for initial treatment with a targeted therapy treatment for this condition, **AND**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend treatment beyond 24 weeks.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may only qualify for PBS-subsidised treatment under this restriction once. For continuing PBS-subsidised treatment, patients must qualify under the Continuing treatment criteria.

Authority required

Severe Crohn disease

Treatment Phase: Continuing (maintenance) treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient; OR
- The condition must have not met the improvements specified above due to the prescribed dose being too low - this authority application seeks higher dosing.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Continuing (maintenance) treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

upadacitinib 30 mg modified release tablet, 28

13746L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1983.58	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to

the date of first initial treatment application under the next treatment cycle.
If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
Initial 1 - use when the patient has never received a targeted therapy for this indication.
Baseline disease activity and inadequate response to conventional therapies must be demonstrated.
Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.
Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.
Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.
Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.
Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).
Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.
Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.
Recency of assessments:
Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe Crohn disease

Treatment Phase: Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient

Clinical criteria:

- Patient must be receiving treatment with this drug for this condition where treatment was initiated as a paediatric patient via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program), **AND**
- Patient must have met the paediatric PBS eligibility criteria for initial treatment with a targeted therapy treatment for this condition, **AND**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend treatment beyond 24 weeks.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A patient may only qualify for PBS-subsidised treatment under this restriction once. For continuing PBS-subsidised treatment, patients must qualify under the Continuing treatment criteria.

Authority required

Severe Crohn disease

Treatment Phase: Continuing (maintenance) treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Continuing (maintenance) treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

upadacitinib 15 mg modified release tablet, 28

13768P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe Crohn disease

Treatment Phase: Initial 1 (induction treatment covering the first 12 weeks in a patient untreated with targeted therapy)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; OR
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR

- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment with upadacitinib may be requested under the Balance of supply restriction.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority required

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; OR
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment with upadacitinib may be requested under the Balance of supply restriction.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment with upadacitinib may be requested under the Balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or extended induction restriction (Initial 1, Initial 2, Initial 3, or Extended induction period (optional) treatment), **AND**

- The treatment must provide no more than the balance of up to 12 weeks therapy available under Initial 1, 2 or 3 treatment restriction or the Extended induction period (optional) from weeks 12 to 24 treatment restriction.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

upadacitinib 45 mg modified release tablet, 28

13771T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	2608.01	25.00	Rinvoq [VE]

upadacitinib 30 mg modified release tablet, 28

15382N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1983.58	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note The Eczema Area and Severity Index (EASI) referenced in this restriction is that described in the following literature publications:
Chalmers JR et al. Report from the third international consensus meeting to harmonise core outcome measures for atopic eczema/dermatitis clinical trials (HOME). **British Journal of Dermatology** 2014 December;171(6):1318-25.
Schmitt J et al. HOME initiative collaborators. The Harmonising Outcome Measures for Eczema (HOME) statement to assess clinical signs of atopic eczema in trials. **The Journal of Allergy and Clinical Immunology** 2014 October;134(4):800-7

Note Instructions on the use of the Dermatology Life Quality Index and copyright details can be found here: https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index

Note The Physician's Global Assessment (5-point scale) referenced in this restriction is that described in the following literature publication:
Fatumura M et al. **Journal of the American Academy of Dermatology** 2016; 64(2): 288-94
The overall appearance of dermatitis lesions is rated as 4 (severe) if the lesions are best described as featuring: deep/dark red erythema, with marked and extensive induration/papulation; excoriation and oozing/crusting are present.

Note Dose changes subsequent to this authority application, whether they occur during an initial treatment or continuing treatment phase, may occur under the 'Dose change' treatment phase listing.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment with this drug of the whole body

Clinical criteria:

- Patient must have a Physicians Global Assessment (PGA) (5-point scale) baseline score of at least 4 as evidence of severe disease despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an Eczema Area and Severity Index (EASI) baseline score of at least 20 despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- Patient must not have experienced an inadequate response to this therapy.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist, **AND**
- Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy with this PBS indication (combination with oral corticosteroids is permitted as these are not listed with the PBS indication: chronic severe atopic dermatitis).

Population criteria:

- Patient must be 12 years of age or older.

State each of the qualifying (i) PGA, (ii) EASI and (iii) DLQI scores in the authority application.

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

The EASI and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled in the patient's medical records.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment with this drug of the face and/or hands

Clinical criteria:

- The condition must have at least 2 of the following Eczema Area and Severity Index (EASI) symptom sub-scores for erythema, oedema/papulation, excoriation, lichenification rated as severe despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; OR
- The condition must have affected at least 30% of the face/hands surface area despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- Patient must not have experienced an inadequate response to this therapy.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist, **AND**
- Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy with this PBS indication (combination with oral corticosteroids is permitted as these are not listed with the PBS indication: chronic severe atopic dermatitis).

Population criteria:

- Patient must be 12 years of age or older.

State each of the 4 Eczema Area and Severity Index (EASI) symptom sub-score ratings (0 = none, 1 = mild, 2 = moderate, 3 = severe) for:

(i) erythema,

(ii) oedema/papulation,

(iii) excoriation,

(iv) lichenification

Acceptable scores can be:

(a) current scores; or

(b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.

State the percentage face/hand surface area affected by the condition (must be at least 30%) where EASI symptom sub-scores are not provided. This percentage surface area can also be stated in addition to the EASI symptom sub-scores.

The EASI/percentage surface area and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.

Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled are in the patient's medical records.

upadacitinib 30 mg modified release tablet, 28

12836N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	1983.58	25.00	Rinvoq [VE]

upadacitinib 15 mg modified release tablet, 28

12828E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note The Eczema Area and Severity Index (EASI) referenced in this restriction is that described in the following literature publications:
Chalmers JR et al. Report from the third international consensus meeting to harmonise core outcome measures for atopic eczema/dermatitis clinical trials (HOME). **British Journal of Dermatology** 2014 December;171(6):1318-25.
Schmitt J et al. HOME initiative collaborators. The Harmonising Outcome Measures for Eczema (HOME) statement to assess clinical signs of atopic eczema in trials. **The Journal of Allergy and Clinical Immunology** 2014 October;134(4):800-7

Note Instructions on the use of the Dermatology Life Quality Index and copyright details can be found here: https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index

Note The Physician's Global Assessment (5-point scale) referenced in this restriction is that described in the following literature publication:
Fatumura M et al. **Journal of the American Academy of Dermatology** 2016; 64(2): 288-94
The overall appearance of dermatitis lesions is rated as 4 (severe) if the lesions are best described as featuring: deep/dark red erythema, with marked and extensive induration/papulation; excoriation and oozing/crusting are present.

Note Dose changes subsequent to this authority application, whether they occur during an initial treatment or continuing treatment phase, may occur under the 'Dose change' treatment phase listing.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment with this drug of the whole body

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this therapy for the treatment of chronic severe atopic dermatitis affecting the whole body, **AND**
- Patient must have achieved an adequate response prior to this first continuing treatment authority application; OR
- Patient must have maintained an adequate response to their most recent supply of this therapy for this PBS indication if this is any Continuing treatment authority application other than the first; OR
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist, **AND**
- Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy with this PBS indication (combination with oral corticosteroids is permitted as these are not listed with the PBS indication: chronic severe atopic dermatitis).

For the purposes of this restriction, an adequate response to treatment is defined as:

(a) An improvement/maintenance in the Eczema Area and Severity Index (EASI) score of at least 50% compared to baseline; and

(b) An improvement/maintenance in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

State each of the current EASI and DLQI scores for this authority application.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment with this drug of the face and/or hands

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this therapy for the treatment of chronic severe atopic dermatitis affecting the face/hands, **AND**
- Patient must have achieved an adequate response prior to this first continuing treatment authority application; OR
- Patient must have maintained an adequate response to their most recent supply of this therapy for this PBS indication if this is any Continuing treatment authority application other than the first; OR
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist, **AND**
- Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy with this PBS indication (combination with oral corticosteroids is permitted as these are not listed with the PBS indication: chronic severe atopic dermatitis).

For the purposes of this restriction, an adequate response to treatment of the face/hands is defined as:

(a) (i) A rating of either mild (1) to none (0) on at least 3 of the assessments of erythema, oedema/papulation, excoriation and lichenification mentioned in the Eczema Area and Severity Index (EASI); or

(ii) At least a 75% reduction in the skin area affected by this condition compared to baseline; and

(b) An improvement in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

Document each qualifying response measure in the patient's medical records for PBS compliance auditing purposes

upadacitinib 30 mg modified release tablet, 28

12829F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1983.58	25.00	Rinvoq [VE]

upadacitinib 15 mg modified release tablet, 28

12831H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS - TREATMENT CYCLES AND TREATMENT PHASES

Where the term 'biological medicine' appears in notes and restrictions, it refers to pharmaceutical benefits listed specifically for the indication of: non-radiographic axial spondyloarthritis. Some listed pharmaceutical benefits are technically not biological medicines (e.g. Janus-kinase inhibitors), but for practical purposes, have been included under the broad term of 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 biological medicine at any one time.
Treatment cycles:
A treatment cycle commences when the authority application for first PBS-subsidised biological medicine is approved for a given patient under the 'Initial 1' treatment phase. The treatment cycle continues until a fourth biological medicine fails to provide the patient with an adequate response. A new treatment cycle begins each time PBS subsidy is obtained through the 'Initial 3' treatment phase.
Within a treatment cycle, the same PBS-subsidised biological medicine must not be subsidised more than once where it has failed to provide the patient with an adequate response on any occasion that a response assessment is conducted.
Once biological medicines have failed to provide a patient with an adequate response 4 times (once with any biological medicine) within the same treatment cycle, the treatment cycle has been completed and the patient must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a completed treatment attempt.
Where there have been fewer than 4 inadequate responses with biological medicine therapy in a treatment cycle and there has been a break in therapy of less than 5 years, the patient may continue treatment within the same treatment cycle.
A patient who has had a break in therapy of more than 5 years may commence a new treatment cycle with up to 4 treatment attempts.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) no prior PBS-subsidised biological medicine treatment has been prescribed - apply through the 'Initial 1 - New patient' treatment phase
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy, but is prescribed an alternate biological medicine - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' [further details are under 'Changing the prescribed biological medicine' below]; or
(iii) a patient is recommencing treatment following a break in PBS-subsidised therapy of less than 5 years - apply through the 'Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years' treatment phase (note that where there is both a change and recommencement after less than 5 years occurring simultaneously, Initial 2 is the correct treatment phase to apply through); or
(iv) a patient is recommencing treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - apply through the 'Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years' treatment phase.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing PBS subsidy of biological medicine it is recommended that a patient be reviewed the month prior to when the continuing dose is due to ensure uninterrupted biological medicine supply.
Continuing PBS subsidy is available in quantities/repeats that provide up to 24 weeks of continuing treatment where an adequate response to the immediately preceding supply of treatment has been experienced.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the treatment will be deemed to have failed to provide an adequate response, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Changing the prescribed biological medicine.
Once initial treatment with the first PBS-subsidised biological medicine is approved, an alternate biological medicine may be prescribed within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements. An authority application must be made under the 'Initial 2' treatment phase and must indicate the response to the preceding biological medicine in terms of whether the response was adequate or not. The prescription for the discontinued biological medicine must be marked as cancelled by the prescriber.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a patient untreated with biological medicines, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must occur through the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.
(6) Balance of Supply
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words 'balance of supply'.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- The condition must not have responded inadequately to biological medicine on 4 occasions within the same treatment cycle, **AND**

- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle, **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

13350P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note PBS AUTHORITY APPLICATIONS FOR SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) subsidy of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to all PBS benefits with the specific PBS indication of: 'severe active rheumatoid arthritis'.

Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

Only one biological medicine is to be PBS-subsidised at any one time for rheumatoid arthritis.

Upon 5 inadequate responses to biological medicines with the specific PBS indication of 'severe active rheumatoid arthritis', further subsidy is to cease. Where a particular biological medicine has provided an inadequate response, it must not be subsidised again.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

(1) Selecting the correct 'Treatment phase' listing to apply under

Initiating subsidy:

(i) Apply through 'Initial 1 treatment' where a patient has received no prior PBS-subsidised biological medicine treatment; or

(ii) Apply through 'Initial 2 treatment' where one of the following occurs: (a) PBS-subsidised treatment has at least been initiated through any Initial 1 listing, but the prescribed biological medicine is changing, (b) there has been a break in biological medicine of less than 24 months, but resumption of treatment is with the same biological medicine last prescribed, (c) there has been a break in biological medicine of less than 24 months and resumption of treatment is with a different biological medicine to that last prescribed, (d) treatment with rituximab has occurred within the past 24 months and is the most recent therapy prescribed leading up to this authority application, irrespective of the length in time elapsed between the 2 non-rituximab bDMARDs administered before and after rituximab.

Initial 2 does not require markers of inflammation/joint count to be re-established - those recorded in the first Initial 1 application can remain as baseline measures. Prerequisite DMARD treatments need not be re-proven to be inadequate. The prescribed biological medicine may be changed at any time, regardless of whether the current prescribed biological medicine has been obtained through Initial treatment or Continuing treatment. However, the change in biological medicine cannot be back to the same biological medicine where that medicine has provided an inadequate response.

(iii) Apply through 'Initial 3 treatment' where treatment is recommencing following a break in PBS-subsidised therapy of at least 24 months. Initial 3 requires current markers of inflammation/joint count to be re-established. Prerequisite DMARD treatments need not be re-proven to be inadequate. PBS-subsidised therapy in this instance can include rituximab where prescribed as the most recent treatment - the 24 month break in therapy is from the second dose of the prior rituximab course.

Response assessment to any course of PBS-subsidised biological therapy must follow a minimum of 12 weeks of therapy. Applications made on the same day for Initial treatment and Continuing treatment clearly do reflect this requirement.

Where a response assessment is not conducted with a 'Continuing treatment' application, the biological medicine will be assumed to have failed, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. Authority applications for patients who experienced adverse reaction necessitating permanent treatment withdrawal should be submitted through 'Initial 2 treatment' or 'Initial 3 treatment'. Indicate where the adverse reaction has occurred in the authority application.

Continuing subsidy:

Apply under a 'Continuing treatment' phase listing only where treatment has initiated through an 'Initial treatment' listing and measures of disease control (i.e. ESR/CRP/joint count) demonstrate response following at least 12 weeks of treatment. Continuing treatment should never precede Initial treatment where the same biological medicine is being prescribed.

The description of 'Continuing treatment' means 'Continuing treatment of severe rheumatoid arthritis with the same biological medicine'. Where treatment of severe rheumatoid arthritis is continuing with a different biological medicine, 'Continuing treatment' is not to be interpreted as meaning 'Continuing treatment of severe rheumatoid arthritis with a different biological medicine' - see 'Initial 2 treatment' where continuing treatment is with a different biological medicine.

'Continuing treatment' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.

Where continuing treatment is divided into 'First continuing' and 'Subsequent continuing', the next authority application

following immediately after any 'Initial treatment' authority application is to be through 'First continuing'. Following this, the next authority application is to occur under the 'Subsequent continuing' treatment phase. Assuming the drug continues to provide an adequate response, 'Subsequent continuing' is to be accessed repeatedly until the prescribed biological medicine is either changed, stops providing an adequate response, or the patient takes a break in treatment.
Balance of Supply listings:
Maximum quantities and the number of repeats stated in a PBS-listing are values that prescribers may seek up to, but are not obligated to prescribe. From time to time, there may be particular reasons why a prescriber may elect not to request the full maximum quantity listed, or, the full number of repeat prescriptions. Where this occurs, the intent of Balance of Supply treatment phase listings is to circumvent the need for another written-only authority application to be completed, as a written-only authority application may not be practical in terms of providing timely access to continued treatment.
Apply under a 'Balance of Supply' treatment phase (where available) when either the full maximum quantity or repeat prescriptions available under a particular treatment phase, was not requested and where the biological medicine has had insufficient time to demonstrate an adequate response. Where the preceding supply has been adequate to provide at least 12 weeks of treatment and has resulted in an adequate response, it may be more practical to access further treatment under 'Continuing treatment'.
(2) Baseline measurements to determine response.
Determination of response to treatment must be based on baseline measurements of the joint count, ESR and/or CRP provided with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements demonstrating elevation of both joint count and markers of inflammation any time that an initial treatment authority application is provided and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for recommencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly plus one of the following: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information/cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; (ii) leflunomide at a dose of at least 10 mg daily; (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are contraindicated according to the relevant TGA-approved Product Information/cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs, however the time on treatment must be at least 6 months.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; OR
- Patient must have received prior PBS-subsidised treatment with a biological medicine under the paediatric Severe active juvenile idiopathic arthritis/Systemic juvenile idiopathic arthritis indication, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have received PBS-subsided treatment for paediatric Severe active juvenile idiopathic arthritis or Systemic juvenile idiopathic arthritis where the condition has progressed to Rheumatoid arthritis may receive treatment through this restriction using existing baseline scores.

Where a patient is changing from a biosimilar medicine for the treatment of this condition, the prescriber must provide baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 24 months, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either: (a) a total active joint count of at least 20 active (swollen and tender) joints; (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

11989B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE PSORIATIC ARTHRITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) listed for adult patients with severe psoriatic arthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Severe Psoriatic Arthritis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

A patient is eligible for PBS-subsidised treatment with only 1 of the biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological

medicine more than once.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or,
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements. An authority application must be made under the 'Initial 2' treatment phase.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

12624K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1203.55	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their

first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Selecting the correct treatment phase listing when applying for authority approval:
(1) Initial treatment.
Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.
(2) Continuing treatment.
Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.
(3) Changing therapy.
Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient - untreated with biological medicine)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 45 mg modified release tablet, 28

13262B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2608.01	25.00	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS).

Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'.

Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(3) Changing therapy.

Apply under the 'Initial 2' treatment listing. Once initial treatment with the first PBS-subsidised biological medicine is prescribed, a patient may swap to an alternate biological medicine without having to requalify with respect to prior NSAID therapy and exercise program requirements. Where a patient is changing from a biosimilar medicine the prescriber must submit baseline indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI). A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR

- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed/ceased to respond to PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who is either changing treatment from another biological medicine to this drug or recommencing therapy with this drug after a treatment break of less than 5 years, must be accompanied with details of the evidence of a response to the patient's most recent course of PBS-subsidised biological medicine within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a patient is changing from PBS-subsidised treatment with a biosimilar medicine for this condition, the prescriber must submit baseline disease severity indicators with this application, in addition to the response assessment outlined below.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and used to assess all future responses to treatment.

The assessment of response to treatment must be documented in the patient's medical records.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of at least 5 years from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be either radiologically (plain X-ray) confirmed: (i) Grade II bilateral sacroiliitis; (ii) Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following must be provided at the time of application and documented in the patient's medical records:

(i) details (name of the radiology report provider, date of the radiology report and unique identifying number/code that links report to the individual patient) of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a baseline ESR and/or CRP level.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

12625L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1203.55	25.00	Rinvoq [VE]

Monoclonal antibodies

▪ OFATUMUMAB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16301

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Treatment criteria:

- Must be treated by a medical practitioner; OR

- Must be treated by a nurse practitioner in consultation with a specialist physician.

ofatumumab 20 mg/0.4 mL injection, 0.4 mL pen device

12641H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2231.82	25.00	Kesimpta [NV]

▪ OFATUMUMAB

Note The intent of this listing is to provide doses at weeks 0, 1 and 2. For treatment at week 4 and beyond, see the 'Continuing treatment' listing.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

ofatumumab 20 mg/0.4 mL injection, 0.4 mL pen device

12642J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*6476.73	25.00	Kesimpta [NV]

▪ VEDOLIZUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.
Recency of assessments:
Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Clinical criteria:

- Patient must have received insufficient treatment with this drug for this condition under any relevant initial or continuing restriction (Initial 1, Initial 2, Initial 3, Continuing, or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment) with the subcutaneous form, **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under either Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment or Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient treatment.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12620F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1663.81	25.00	Entyvio [TK]

▪ VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.
Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.
From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Selecting the correct treatment phase listing when applying for authority approval:
(1) Initial treatment.
Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.
(2) Continuing treatment.
Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.
(3) Changing therapy.
Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment with subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 6 under Initial 1 (new patient); OR
- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 6 under Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years); OR
- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 6 under Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years); OR
- Patient must have a concurrent authority application for the intravenous infusion for this condition under either Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

Population criteria:

- Patient must be at least 18 years of age.

Where two initial doses of vedolizumab (at weeks 0 and 2) are administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. The maximum listed quantity and 2 repeats should be requested to provide for weeks 6, 8, 10, 12, 14 and 16.

Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity with no repeats should be requested to provide for weeks 14 and 16.

The authority application must be made in writing and must include:

(a) details of the proposed prescription(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12644L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1663.81	25.00	Entyvio [TK]

▪ VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.

Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3

biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Selecting the correct treatment phase listing when applying for authority approval:
(1) Initial treatment.
Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.
(2) Continuing treatment.
Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.
(3) Changing therapy.
Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks Initial treatment (intravenous and subcutaneous inclusive); OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment - subcutaneous form.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12647P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1663.81	25.00	Entyvio [TK]

▪ VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits for the indication of moderate to severe ulcerative colitis (MSUC). Patients are eligible for one PBS-subsidised drug treatment indicated for MSUC at any one time.
Where the term 'biological medicine' appears in this note and restrictions, it refers to any PBS benefit indicated for MSUC. Some benefits are not biological medicines, but are small molecules. However, for practical purposes, these benefits are included within the term 'biological medicine'.
From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to have started their first cycle as of 1 July 2021. Within the same treatment cycle, the same biological medicine cannot be trialled twice. Where 3 biological medicines have failed to provide the patient with an adequate response a treatment cycle is considered complete. There must be a 5-year break in PBS-subsidised therapy before starting the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for Initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive

multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Selecting the correct treatment phase listing when applying for authority approval:
(1) Initial treatment.
Apply under an Initial 1 treatment listing where the patient has never received a biological medicine.
(2) Continuing treatment.
Under no circumstance is Continuing treatment to precede Initial treatment. An authority application for Continuing treatment is not to be made on the same day as Initial treatment.
(3) Changing therapy.
Apply under an Initial 2 treatment listing. The indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy will not need to be restated. A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot change to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this Initial 2 treatment authority application.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
Apply under an Initial 3 treatment listing. Prior corticosteroid and immunosuppressive therapies need not be re-trialled.
(5) Balance of supply.
Where the full number of repeat prescriptions have not been requested under any initial or continuing listing, apply for the balance of the supply of the repeats under any treatment phase listing containing the words "balance of supply".

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the intravenous form as their most recent course of PBS-subsidised biological medicine for this condition under the vedolizumab intravenous form continuing treatment restriction, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form.

Population criteria:

- Patient must be at least 18 years of age.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12639F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1663.81	25.00	Entyvio [TK]

▪ VEDOLIZUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS)

for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.
A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.
Treatment cycle:
A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.
The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.
If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
Treatment phases:
Initial 1 - use when the patient has never received a targeted therapy for this indication.
Baseline disease activity and inadequate response to conventional therapies must be demonstrated.
Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.
Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.
Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.
Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.
Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).
Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.
Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.
Recency of assessments:
Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe Crohn disease

Treatment Phase: Transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient

Clinical criteria:

- Patient must be receiving treatment with this drug for this condition where treatment was initiated as a paediatric patient via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program), **AND**
- Patient must have met the paediatric PBS eligibility criteria for initial treatment with a targeted therapy treatment for this condition, **AND**
- Patient must have previously received this drug for this condition and demonstrated/maintained an adequate clinical response, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

If fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend beyond 24 weeks.

A patient may only qualify for PBS-subsidised treatment under this restriction once. For continuing PBS-subsidised treatment, patients must qualify under the Continuing treatment criteria.

Authority required

Severe Crohn disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised targeted therapy treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient; OR
- Patient must have demonstrated an adequate response to treatment with this drug (in any form).

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners must request sufficient quantity for up to 24 weeks of treatment under this restriction.

If fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested through the Balance of supply treatment phase PBS restriction. Under no circumstances will approvals be granted for treatment that would otherwise extend the continuing treatment period.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12654B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1663.81	25.00	Entyvio [TK]

▪ VEDOLIZUMAB

Note SEVERE CROHN DISEASE - TREATMENT PHASES AND CYCLES

The following information applies to the prescribing of targeted therapies under the Pharmaceutical Benefits Scheme (PBS) for benefits with a stated indication of: 'Severe Crohn disease'. For PBS administration, the term targeted therapy includes biological and targeted synthetic disease modifying anti-rheumatic drugs.

A patient is eligible for PBS-subsidised treatment with only one targeted therapy at any one time.

Treatment cycle:

A treatment cycle begins when an authority application is approved under an Initial 1, Initial 2 patients who are accessing PBS-subsidised treatment for the first time, Initial 3 or transitioning from non-PBS-subsidised therapy that was commenced as a paediatric patient type restriction. Treatment must not continue with the same targeted therapy if it has not provided an adequate response as defined in the continuing treatment phase. A patient may trial different targeted therapies within a cycle; however, if all available targeted therapies have been trialled and have not provided an adequate response, the treatment cycle ends and a 12-month PBS exclusion period applies.

The 12-month break is measured from the date of the last PBS approval for a targeted therapy in the most recent cycle to the date of first initial treatment application under the next treatment cycle.

If a new targeted therapy with a different pharmacological mechanism of action becomes available on the PBS during a 12-month break, a patient may be prescribed the newly listed targeted therapy through the Initial 2 treatment phase, if they have never received that medicine previously. If the newly listed targeted therapy does not provide an adequate response, the treatment cycle ends and the 12-month break recommences. This will not be considered a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Treatment phases:

Initial 1 - use when the patient has never received a targeted therapy for this indication.

Baseline disease activity and inadequate response to conventional therapies must be demonstrated.

Initial 2 - use when an alternative targeted therapy is being prescribed for this indication, or when the patient has previously been treated with this targeted therapy and treatment is resuming after a break of less than 12 months.

Baseline disease activity and inadequate response to conventional therapies do not need to be re-demonstrated; however, an assessment of response to the preceding supply must be provided if a response has been demonstrated.

Initial 3 - use when treatment is resuming after an absence of PBS subsidy for at least 12 months.

Baseline disease activity must be demonstrated; however, a re-trial of conventional therapies is not required.

Transitioning from non-PBS supply commenced as a paediatric patient - use when the patient is receiving non-PBS-subsidised treatment with a targeted therapy for this condition and has been initiated on treatment on the same targeted therapy as a paediatric patient (prior to 18 years of age) via non-PBS pathways (e.g. compassionate access or public hospital individual patient use program).

Continuing treatment - use when patient has demonstrated an adequate response to the preceding supply and/or when the dose is being increased. Continuing treatment authority scripts must not be written on the same day as Initial treatment authority applications.

Balance of supply - use when the full amount of the preceding supply was not provided. This phase provides the remaining quantity that could have been obtained under the preceding authority approval or where additional time is required for an adequate response to be demonstrated.

Recency of assessments:

Where possible, all related assessment documentation (including Crohn Disease Activity Index calculations, pathology tests and diagnostic imaging studies) should be within 4 weeks of the date of authority application but no longer than 4 weeks following cessation of the most recent treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats may be approved by Services Australia to provide sufficient doses for the relevant treatment phase.

Note Special Pricing Arrangements apply.

Authority required

Severe Crohn disease

Treatment Phase: Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must not have achieved an adequate response to a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must not have achieved an adequate response to prior treatment with a thiopurine at a clinically optimised dose for 3 or more consecutive months; OR
- Patient must not have achieved an adequate response to methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of not achieving an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of not achieving an adequate response to prior systemic therapy as specified below.

Treatment criteria:

- Must be treated by a gastroenterologist; OR

- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) nominated as the response criteria; and

(c) if applicable, details of intestinal inflammation marker/s; and

(d) if applicable, the CDAI score and the date of assessment; and

(e) the date of the most recent clinical assessment.

Evidence of not achieving an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant contraindications or precautions in the TGA-approved Product Information, please provide details at the time of application. Patients must attempt to trial alternate conventional therapies that are not contraindicated.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

Authority required

Severe Crohn disease

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in targeted therapy of less than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle; OR
- Patient must have been eligible for prior PBS-subsidised treatment with a targeted therapy for this condition in this treatment cycle, **AND**
- Patient must have either: (i) not previously received this drug for this condition in the current treatment cycle, (ii) previously received this drug and demonstrated/maintained an adequate clinical response.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, the CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) if applicable, the date of the most recent clinical assessment; and

(d) details of the most recent targeted therapy in the current treatment cycle, including the date and duration of treatment.

If a patient was eligible for prior PBS-subsidised treatment with a targeted therapy for this condition but did not receive PBS-subsidised treatment at the time, the application must provide a declaration that the patient met all 'Initial 1' eligibility requirements when targeted therapy treatment commenced. The following information must also be provided at the time of application:

(a) the baseline CDAI score and the date of assessment; and/or

(b) details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe Crohn disease

Treatment Phase: Initial 3 (recommencement of treatment after a break in targeted therapy of more than 12 months)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a targeted therapy for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised targeted therapy for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 while off treatment with targeted therapy; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; and evidence of flared disease while off treatment with targeted therapy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and evidence of flared disease while off treatment with targeted therapy.

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology].

Population criteria:

- Patient must be at least 18 years of age.

The following information must be provided by the prescriber at the time of application and documented in the patient's medical records:

(a) if applicable, current CDAI score and the date of assessment; and

(b) if applicable, details (date, unique identifying number/code or provider number) of the pathology or diagnostic imaging test(s) or details of intestinal inflammation marker/s used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy; and

(c) the date of the most recent clinical assessment.

Evidence of flared disease must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A patient who does not demonstrate a response to treatment will not be eligible for further PBS-subsidised treatment with this drug for this condition within the same treatment cycle. The patient will be considered not to have responded to treatment if a response assessment is not completed. A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised targeted therapy was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12638E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1663.81	25.00	Entyvio [TK]

Mammalian target of rapamycin (mTOR) kinase inhibitors

▪ EVEROLIMUS

Caution Careful monitoring of patients is mandatory.

everolimus 250 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8840G	1	3	..	175.74	25.00	[a] Certican [NV]	[a] Everocan [CR]

everolimus 500 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8841H	1	3	..	299.80	25.00	[a] Certican [NV]	[a] Everocan [CR]

everolimus 750 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8842J	2	3	..	*880.70	25.00	[a] Certican [NV]	[a] Everocan [CR]

everolimus 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9352F	2	3	..	*1171.14	25.00	[a] Certican [NV]	[a] Everocan [CR]

▪ EVEROLIMUS

Caution Careful monitoring of patients is mandatory.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

everolimus 750 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14040Y	4	3	..	*1752.04	25.00	[a] Certican [NV]	[a] Everocan [CR]

everolimus 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13941R	4	3	..	*2322.28	25.00	[a] Certican [NV]	[a] Everocan [CR]

▪ SIROLIMUS

Caution Careful monitoring of patients is mandatory.

sirolimus 1 mg/mL oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8725F	‡1	3	..	515.33	25.00	Rapamune [PF]

sirolimus 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8984W	1	3	..	331.08	25.00	Rapamune [PF]

sirolimus 1 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8724E	1	3	..	652.78	25.00	Rapamune [PF]

sirolimus 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8833X	1	3	..	1292.00	25.00	Rapamune [PF]

▪ SIROLIMUS

Caution Careful monitoring of patients is mandatory.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

sirolimus 1 mg/mL oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13885T	‡2	3	..	*1021.30	25.00	Rapamune [PF]

sirolimus 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13860L	2	3	..	*652.80	25.00	Rapamune [PF]

sirolimus 1 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14072P	2	3	..	*1296.20	25.00	Rapamune [PF]

sirolimus 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13886W	2	3	..	*2552.48	25.00	Rapamune [PF]

Complement inhibitors

▪ AVACOPAN

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Anti-neutrophil cytoplasmic autoantibody (ANCA) associated vasculitis

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must be severe granulomatosis with polyangiitis; OR
- The condition must be severe microscopic polyangiitis, **AND**
- The condition must be active at the time of the first prescription for this drug per treatment cycle, **AND**
- Patient must have ANCA associated vasculitis that is either: (i) organ-threatening, (ii) life-threatening disease, **AND**
- Patient must be undergoing concomitant therapy with at least another drug therapy as part of a regimen specified in this drug's approved Product Information, **AND**
- Patient must not receive more than 12 months of PBS-subsidised treatment with this drug per induction.

A prescriber may apply for more than one induction treatment for their patient

avacopan 10 mg capsule, 180

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14605Q	1	5	..	8622.02	25.00	Tavneos [CS]

▪ IPTACOPAN

Caution This drug increases the risk of encapsulated bacterial infections.

Consult the approved Product Information for information about vaccination against meningococcal, pneumococcal and Haemophilus influenzae type B (Hib) infection.

Note Complement 5 (C5) inhibitors are defined as eculizumab or ravulizumab

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Initial treatment (new patient)

Clinical criteria:

- Patient must not have received prior treatment with this drug for this condition, **AND**
- Patient must have PNH granulocyte clone size equal to or greater than 10% within the last 3 months, **AND**
- Patient must have experienced an inadequate response/intolerance to either: (i) Complement 5 (C5) inhibitor, (ii) pegcetacoplan, **AND**
- Patient must have received treatment with at least one complement inhibitor for at least 3 months before initiating treatment with this drug unless intolerance of severity necessitating permanent treatment withdrawal had occurred, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

(i) Haemoglobin (g/L)

(ii) Platelets ($x10^9$/L)

(iii) White Cell Count ($x10^9$/L)

(iv) Reticulocytes ($x10^9$/L)

(v) Neutrophils ($x10^9$/L)

(vi) Granulocyte clone size (%)

(vii) Lactate Dehydrogenase (LDH)

(viii) the upper limit of normal (ULN) for LDH as quoted by the reporting laboratory

(ix) the LDH:ULN ratio (in figures, rounded to one decimal place)

Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Return from PBS-subsidised eculizumab post pregnancy or from PBS-subsidised Complement 5 (C5) inhibitor for reasons other than post pregnancy

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have received prior PBS-subsidised treatment with eculizumab through the 'Initial treatment - (initial 3) switching from PBS-subsidised pegcetacoplan or iptacopan for pregnancy (induction doses)' criteria; OR
- Patient must have received prior PBS-subsidised treatment with at least one C5 inhibitor and must be returning to iptacopan treatment for reasons other than post pregnancy, **AND**
- Patient must have experienced clinical improvement as a result of treatment with this drug; OR
- Patient must have experienced a stabilisation of the condition as a result of treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

(i) Haemoglobin (g/L)

(ii) Platelets ($x10^9$/L)

(iii) White Cell Count ($x10^9$/L)

(iv) Reticulocytes ($x10^9$/L)

(v) Neutrophils ($x10^9$/L)

(vi) Granulocyte clone size (%)

(vii) Lactate Dehydrogenase (LDH)

(viii) the upper limit of normal (ULN) for LDH as quoted by the reporting laboratory

(ix) the LDH:ULN ratio (in figures, rounded to one decimal place)

Patients may qualify under this treatment phase more than once.

Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have experienced clinical improvement as a result of treatment with this drug; OR
- Patient must have experienced a stabilisation of the condition as a result of treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided on the first continuing authority application:

(i) Haemoglobin (g/L)
(ii) Platelets ($x10^9$/L)
(iii) White Cell Count ($x10^9$/L)
(iv) Reticulocytes ($x10^9$/L)
(v) Neutrophils ($x10^9$/L)
(vi) Granulocyte clone size (%)
(vii) Lactate Dehydrogenase (LDH)
(viii) the upper limit of normal (ULN) for LDH as quoted by the reporting laboratory
(ix) the LDH:ULN ratio (in figures, rounded to one decimal place)

Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Transitioning from non-PBS to PBS-subsided treatment - Grandfather arrangements

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 November 2025, **AND**
- Patient must have a documented PNH granulocyte clone size equal to or greater than 10% within the 3 months prior to initiating non-PBS-subsidised treatment with this drug, **AND**
- Patient must have experienced an inadequate response to a complement 5 (C5) inhibitor demonstrated by a haemoglobin level of less than 105 g/L prior to initiating non-PBS-subsidised treatment with this drug; OR
- Patient must be intolerant to C5 inhibitors as determined by the treating physician prior to initiating non-PBS-subsidised treatment with this drug, **AND**
- Patient must have been receiving treatment with at least one C5 inhibitor for at least 3 months prior to initiating non-PBS-subsidised treatment with this drug unless intolerance of severity necessitating permanent treatment withdrawal had occurred, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have experienced clinical improvement as a result of treatment with this drug; OR
- Patient must have experienced a stabilisation of the condition as a result of treatment with this drug.

Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

Population criteria:

- Patient must be at least 18 years of age.

The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:

(1) details of the proposed prescription(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

(i) Haemoglobin (g/L)
(ii) Platelets ($x10^9$/L)
(iii) White Cell Count ($x10^9$/L)
(iv) Reticulocytes ($x10^9$/L)
(v) Neutrophils ($x10^9$/L)
(vi) Granulocyte clone size (%)
(vii) Lactate Dehydrogenase (LDH)
(viii) the upper limit of normal (ULN) for LDH as quoted by the reporting laboratory
(ix) the LDH:ULN ratio (in figures, rounded to one decimal place)

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Iptacopan 200 mg capsule, 56

15064W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	38989.58	25.00	Fabhalta [NV]

Dihydroorotate dehydrogenase (DHODH) inhibitors

▪ LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Restricted benefit

Severe active psoriatic arthritis

Clinical criteria:

- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; OR
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

5449T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.95	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
					[a] Ataris 10 [AF]	[a] Leflunomide generichealth [HQ]
					[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]

leflunomide 20 mg tablet, 30

5450W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	30.47	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
					[a] Ataris 20 [AF]	[a] Leflunomide generichealth [HQ]
					[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]

▪ LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Restricted benefit

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; OR
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

8374R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.95	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
					[a] Ataris 10 [AF]	[a] Leflunomide generichealth [HQ]
					[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]
					[a] Lunava 10 [RW]	

leflunomide 20 mg tablet, 30

8375T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	30.47	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
					[a] Ataris 20 [AF]	[a] Leflunomide generichealth [HQ]
					[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]
					[a] Lunava 20 [RW]	

▪ LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Restricted benefit

Severe active rheumatoid arthritis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; OR
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

13940Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*35.54	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
					[a] Ataris 10 [AF]	[a] Leflunomide generichealth [HQ]
					[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]
					[a] Lunava 10 [RW]	

leflunomide 20 mg tablet, 30

14069L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*46.58	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]

						[a] Ataris 20 [AF]	[a] Leflunomide genericheath [HQ]
NP						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]
						[a] Lunava 20 [RW]	

▪ LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Restricted benefit

Severe active psoriatic arthritis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; OR
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14068K							
NP	2	5	..	*35.54	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
						[a] Ataris 10 [AF]	[a] Leflunomide genericheath [HQ]
						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]

leflunomide 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13998R							
NP	2	5	..	*46.58	25.00	[a] APO-LEFLUNOMIDE [TX]	[a] Arava [SW]
						[a] Ataris 20 [AF]	[a] Leflunomide genericheath [HQ]
						[a] Leflunomide Sandoz [SZ]	[a] LEFLUNOMIDE-WGR [WG]

▪ TERIFLUNOMIDE

Caution Teriflunomide is a category X drug and must not be given to pregnant women or women of childbearing potential who are not currently using reliable contraception.

Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

16315

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

teriflunomide 14 mg tablet, 28

2898M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	97.94	25.00	[a] APO-TERIFLUNOMIDE [TX] [a] TERIFLAGIO [RW] [a] Teriflunomide GH [GQ] [a] Terimide [AF]	[a] Pharmacor Teriflunomide [CR] [a] Teriflunomide Dr.Reddy's [RZ] [a] Teriflunomide Sandoz [SZ]

Other immunosuppressants

▪ AZATHIOPRINE

azathioprine 25 mg tablet, 100

2688L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.50	24.04	[a] APO-Azathioprine [TX] [a] AZATHIOPRINE-WGR [WG]	[a] Azathioprine Sandoz [SZ]
		[B]5.82	28.32	24.04	[a] Imuran [AS]	

azathioprine 50 mg tablet, 100

2687K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.22	25.00	[a] APO-Azathioprine [TX] [a] Azathioprine Sandoz [SZ] [a] Imazan [ZS]	[a] Azapin [RW] [a] AZATHIOPRINE-WGR [WG] [a] Thioprine 50 [AF]
		[B]5.82	34.04	25.00	[a] Imuran [AS]	

▪ DIMETHYL FUMARATE

Authority required (STREAMLINED)

16315

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

dimethyl fumarate 120 mg enteric capsule, 14

2943X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*207.72	25.00	[a] APO-DIMETHYL FUMARATE [XT] [a] Pharmacor Dimethyl Fumarate [CR]	[a] Dimethyl Fumarate Sandoz [SZ] [a] Tecfidera [BD]

dimethyl fumarate 240 mg enteric capsule, 56

2966D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	338.59	25.00	[a] APO-DIMETHYL FUMARATE [XT] [a] Pharmacor Dimethyl Fumarate [CR] [a] Trazent [AF]	[a] Dimethyl Fumarate Sandoz [SZ] [a] Tecfidera [BD]

▪ DIMETHYL FUMARATE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

dimethyl fumarate 120 mg enteric capsule, 14

2896K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*207.72	25.00	[a] APO-DIMETHYL FUMARATE [XT] [a] Pharmacor Dimethyl Fumarate [CR]	[a] Dimethyl Fumarate Sandoz [SZ] [a] Tecfidera [BD]

▪ DIROXIMEL FUMARATE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16323

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

16315

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner in consultation with a specialist physician.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

diroximel fumarate 231 mg enteric capsule, 120

13059H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	695.45	25.00	Vumerity [BD]

▪ METHOTREXATE

methotrexate 10 mg tablet, 10

14643Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.18	23.72	[a] Chexate [OX]	[a] Methoblastin [PF]

methotrexate 10 mg tablet, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2272N NP	1	3	..	26.09	25.00	[a] ARX-Methotrexate [XT] [a] Methoblastin [PF]	[a] Chexate [OX]

methotrexate 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1622J NP	1	5	..	20.02	21.56	[a] ARX-Methotrexate [XT] [a] Methoblastin [PF]	[a] Chexate [OX]

▪ METHOTREXATE

Restricted benefit

Patients requiring doses greater than 20 mg per week

methotrexate 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1623K NP	1	2	..	53.47	25.00	[a] ARX-Methotrexate [XT] [a] Methoblastin [PF]	[a] Chexate [OX]

▪ METHOTREXATE

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 7.5 mg/0.15 mL injection, 0.15 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11275K NP	4	5	..	*89.44	25.00	Trexject [LM]

methotrexate 10 mg/0.2 mL injection, 0.2 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11283W NP	4	5	..	*89.44	25.00	Trexject [LM]

methotrexate 15 mg/0.3 mL injection, 0.3 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11268C NP	4	5	..	*89.44	25.00	Trexject [LM]

methotrexate 20 mg/0.4 mL injection, 0.4 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11288D NP	4	5	..	*89.44	25.00	Trexject [LM]

methotrexate 25 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11295L NP	4	5	..	*89.44	25.00	Trexject [LM]

▪ METHOTREXATE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

15068

Severe active juvenile idiopathic arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 7.5 mg/0.15 mL injection, 0.15 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14091P NP	4	5	..	*89.44	25.00	Trexject [LM]

methotrexate 10 mg/0.2 mL injection, 0.2 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14089M NP	4	5	..	*89.44	25.00	Trexject [LM]

methotrexate 15 mg/0.3 mL injection, 0.3 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14102F NP	4	5	..	*89.44	25.00	Trexject [LM]

methotrexate 20 mg/0.4 mL injection, 0.4 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14097Y NP	4	5	..	*89.44	25.00	Trexject [LM]

methotrexate 25 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14103G NP	4	5	..	*89.44	25.00	Trexject [LM]

▪ PIRFENIDONE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

pirfenidone 801 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11410M NP	1	5	..	414.83	25.00	[a] ARX-Pirfenidone [XW] [a] Pirfenidone Ameda [XT] [a] Pirfenidone Sandoz [SZ]	[a] Pirfenidet [AF] [a] Pirfenidone Dr.Reddy's [RZ]

▪ PIRFENIDONE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 1 - new patient

Clinical criteria:

- The condition must be diagnosed through a multidisciplinary team, **AND**
- Patient must have chest high resolution computed tomography (HRCT) consistent with diagnosis of idiopathic pulmonary fibrosis within the previous 12 months, **AND**
- Patient must have a forced vital capacity (FVC) greater than or equal to 50% predicted for age, gender and height, **AND**
- Patient must have a forced expiratory volume in 1 second to forced vital capacity ratio (FEV1/FVC) greater than 0.7, **AND**
- Patient must not have had an acute respiratory infection at the time of FVC measurement, **AND**
- Patient must have diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin equal to or greater than 30%, **AND**
- Patient must not have interstitial lung disease due to other known causes including domestic and occupational environmental exposures, connective tissue disease, or drug toxicity, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit only where the prescriber has explained to the patient/patient's guardian the following: (i) that certain diagnostic criteria must be met to be eligible to initiate treatment, (ii) continuing treatment is not based on quantified improvements in diagnostic measurements, but will be determined by clinician judgement.

A multidisciplinary team is defined as comprising of at least a specialist respiratory physician, a radiologist and where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

Document in the patient's medical records the qualifying FVC, FEV1/FVC ratio and DLCO measurements. Retain medical imaging in the patient's medical records.

Applications for authorisation under this treatment phase must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 2 - change or recommencement of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with nintedanib or pirfenidone for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a respiratory physician, (ii) a specialist physician, (iii) none of the aforementioned prescriber types, but has consulted one of these aforementioned prescriber types, **AND**
- Patient must not be undergoing PBS-subsidised treatment simultaneously through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis, **AND**
- Patient must not be undergoing sequential PBS-subsidised treatment through the following PBS indications: (i) progressive fibrosing interstitial lung disease, (ii) idiopathic pulmonary fibrosis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

---

pirfenidone 267 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11406H (NP)	3	5	..	*414.84	25.00	[a] ARX-Pirfenidone [XW] [a] Pirfenidone Ameda [XT] [a] Pirfenidone Sandoz [SZ]	[a] Pirfenidet [AF] [a] Pirfenidone Dr.Reddy's [RZ]

MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS

Acetic acid derivatives and related substances

▪ DICLOFENAC

diclofenac sodium 25 mg enteric tablet, 50

1299J (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*19.84	21.38	[a] Clonac 25 [RW]	[a] Diclofenac Sandoz [SZ]
					[a] DICLOFENAC-WGR [WG]	[a] Fenac EC [AL]
		[B]9.44	*29.28	21.38	[a] Voltaren 25 [NV]	

diclofenac sodium 25 mg enteric tablet, 50

5076E (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*19.84	21.38	[a] Clonac 25 [RW]	[a] Diclofenac Sandoz [SZ]
					[a] DICLOFENAC-WGR [WG]	[a] Fenac EC [AL]
		[B]9.44	*29.28	21.38	[a] Voltaren 25 [NV]	

diclofenac sodium 50 mg enteric tablet, 50

1300K (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	17.10	18.64	[a] Clonac 50 [RW]	[a] Diclofenac Sandoz [SZ]
					[a] DICLOFENAC-WGR [WG]	[a] Fenac EC [AL]
		[B]9.73	26.83	18.64	[a] Voltaren 50 [NV]	

diclofenac sodium 50 mg enteric tablet, 50

5077F (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] Clonac 50 [RW]	[a] Diclofenac Sandoz [SZ]
					[a] DICLOFENAC-WGR [WG]	[a] Fenac EC [AL]
		[B]9.73	26.83	18.64	[a] Voltaren 50 [NV]	

▪ INDOMETACIN

indometacin 100 mg suppository, 20

2757D (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*27.92	25.00	Indocid [AS]

indometacin 100 mg suppository, 20

5128X (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*27.92	25.00	Indocid [AS]

▪ INDOMETACIN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

indometacin 25 mg capsule, 50

2454E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*21.04	22.58	[a] Arthrexin [AF]
		[B]4.68	*25.72	22.58	[a] Indocid [AS]

▪ INDOMETACIN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

indometacin 25 mg capsule, 50

5126T (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.04	22.58	[a] Arthrexin [AF]
		[B]4.68	*25.72	22.58	[a] Indocid [AS]

Oxicams

▪ MELOXICAM

Note Pharmaceutical benefits that have the form meloxicam tablet 7.5 mg and pharmaceutical benefits that have the form meloxicam capsule 7.5 mg are equivalent for the purposes of substitution.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain;
(b) soft tissue injury;
(c) arthrosis without an inflammatory component.

Restricted benefit
Osteoarthritis
Clinical criteria:
- The treatment must be for symptomatic treatment.

Restricted benefit
Rheumatoid arthritis
Clinical criteria:
- The treatment must be for symptomatic treatment.

meloxicam 7.5 mg capsule, 30

8887R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	17.70	19.24	[a] APO-Meloxicam [TX] [a] MELOXICAM-WGR [WG] [a] Moxicam [AF]	[a] MELOBIC [RF] [a] Movalis 7.5 [RW]
		[B]2.80	20.50	19.24	[a] Mobic [BY]	

meloxicam 7.5 mg tablet, 30

8561N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	17.70	19.24	[a] APX-Meloxicam [TY] [a] MELOBIC [RF] [a] Meloxicam Sandoz [SZ] [a] MELOXICAM-WGR [WG] [a] Moxicam 7.5 [AF]	[a] CIPLA MELOXICAM 7.5 [LR] [a] Meloxibell [GQ] [a] Meloxicam Viatris [AL] [a] Movalis 7.5 [RW]
		[B]2.80	20.50	19.24	[a] Mobic [BY]	

▪ MELOXICAM

Note Pharmaceutical benefits that have the form meloxicam tablet 15 mg and pharmaceutical benefits that have the form meloxicam capsule 15 mg are equivalent for the purposes of substitution.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain;
(b) soft tissue injury;
(c) arthrosis without an inflammatory component.

Restricted benefit
Osteoarthritis
Clinical criteria:
- The treatment must be for symptomatic treatment.

Restricted benefit
Rheumatoid arthritis
Clinical criteria:
- The treatment must be for symptomatic treatment.

meloxicam 15 mg capsule, 30

8888T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	18.40	19.94	[a] APO-Meloxicam [TX] [a] MELOXICAM-WGR [WG] [a] Moxicam [AF]	[a] MELOBIC [RF] [a] Movalis 15 [RW]
		[B]2.83	21.23	19.94	[a] Mobic [BY]	

meloxicam 15 mg tablet, 30

8562P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	18.40	19.94	[a] APX-Meloxicam [TY] [a] MELOBIC [RF] [a] Meloxicam Sandoz [SZ] [a] MELOXICAM-WGR [WG] [a] Moxicam 15 [AF]	[a] CIPLA MELOXICAM 15 [LR] [a] Meloxibell [GQ] [a] Meloxicam Viatris [AL] [a] Movalis 15 [RW]
		[B]2.83	21.23	19.94	[a] Mobic [BY]	

▪ PIROXICAM

Restricted benefit
Chronic arthropathies (including osteoarthritis)
Clinical criteria:
- The condition must have an inflammatory component.

piroxicam 10 mg capsule, 50

1897W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	18.75	20.29	APO-Piroxicam [TX]

piroxicam 10 mg capsule, 50

5203W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	..	..	18.75	20.29	APO-Piroxicam [TX]

piroxicam 20 mg capsule, 25

1898X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	..	17.56	19.10	APO-Piroxicam [TX]

piroxicam 20 mg capsule, 25

5204X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	..	..	17.56	19.10	APO-Piroxicam [TX]

Propionic acid derivatives

▪ IBUPROFEN

ibuprofen 400 mg tablet, 30

3192B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP MW	1	..	..	17.10	18.64	[a] APO-Ibuprofen 400 [TX]	[a] WGR-IBUPROFEN 400 [WG]
			[B]2.34	19.44	18.64	[a] Brufen [GO]	

ibuprofen 400 mg tablet, 30

5124Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	17.10	18.64	[a] APO-Ibuprofen 400 [TX]	[a] WGR-IBUPROFEN 400 [WG]
			[B]2.34	19.44	18.64	[a] Brufen [GO]	

▪ IBUPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

ibuprofen 400 mg tablet, 30

3190X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	3	..	*22.59	24.13	[a] APO-Ibuprofen 400 [TX]	[a] WGR-IBUPROFEN 400 [WG]
			[B]7.02	*29.61	24.13	[a] Brufen [GO]	

▪ IBUPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

ibuprofen 400 mg tablet, 30

5123P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	3	..	..	*22.59	24.13	[a] APO-Ibuprofen 400 [TX]	[a] WGR-IBUPROFEN 400 [WG]
			[B]7.02	*29.61	24.13	[a] Brufen [GO]	

▪ NAPROXEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen 1 g modified release tablet, 28

1615B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	3	..	20.72	22.26	[a] Proxen SR 1000 [IY]
			[B]2.29	23.01	22.26	[a] Naprosyn SR1000 [IX]

naproxen 250 mg tablet, 50

1674D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*23.62	25.00	Naprosyn [IX]

NP

naproxen 750 mg modified release tablet, 28

1614Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	19.14	20.68	[a] Proxen SR 750 [IY]
		[B]2.30	21.44	20.68	[a] Naprosyn SR750 [IX]

NP

▪ NAPROXEN

Authority required (STREAMLINED)

4159

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component, **AND**
- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

Authority required (STREAMLINED)

4124

Bone pain

Clinical criteria:

- The condition must be due to malignant disease, **AND**
- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

naproxen 125 mg/5 mL oral liquid, 474 mL

1658G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	121.58	25.00	Phebra Naproxen Suspension [FF]

NP

▪ NAPROXEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen 1 g modified release tablet, 28

5179N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	20.72	22.26	[a] Proxen SR 1000 [IY]
		[B]2.29	23.01	22.26	[a] Naprosyn SR1000 [IX]

DP

naproxen 250 mg tablet, 50

5176K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*23.62	25.00	Naprosyn [IX]

DP

naproxen 750 mg modified release tablet, 28

5178M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	19.14	20.68	[a] Proxen SR 750 [IY]
		[B]2.30	21.44	20.68	[a] Naprosyn SR750 [IX]

DP

▪ NAPROXEN

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen sodium 550 mg tablet, 50

1795L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	19.75	21.29	[a] Crysanal [IY]
		[B]2.77	22.52	21.29	[a] Anaprox 550 [IX]

NP

▪ NAPROXEN

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit
Chronic arthropathies (including osteoarthritis)
Clinical criteria:
- The condition must have an inflammatory component.

Restricted benefit
Bone pain
Clinical criteria:
- The condition must be due to malignant disease.

naproxen sodium 550 mg tablet, 50

5186Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	19.75	21.29	[a] Crysanal [IY]
		[B]2.77	22.52	21.29	[a] Anaprox 550 [IX]

DP

Fenamates

▪ MEFENAMIC ACID

Restricted benefit
Dysmenorrhoea
Restricted benefit
Menorrhagia

mefenamic acid 250 mg capsule, 50

1824B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	19.16	20.70	[a] FEMIN [XT]	[a] Ponstan [PF]

NP

Coxibs

▪ CELECOXIB

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain;
(b) soft tissue injury;
(c) arthrosis without an inflammatory component.

Restricted benefit
Osteoarthritis
Clinical criteria:
- The treatment must be for symptomatic treatment.

Restricted benefit
Rheumatoid arthritis
Clinical criteria:
- The treatment must be for symptomatic treatment.

celecoxib 100 mg capsule, 60

8439E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	18.60	20.14	[a] APX-Celecoxib [TW]	[a] Blooms Celecoxib [BG]
					[a] Celaxib [AF]	[a] Celebrex [GO]
					[a] Celecoxib GH [GQ]	[a] Celecoxib Sandoz [SZ]
					[a] CELECOXIB-WGR [WG]	[a] Celexi [RW]

NP

celecoxib 200 mg capsule, 30

8440F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	18.60	20.14	[a] APX-Celecoxib [TW]	[a] Blooms Celecoxib [BG]
					[a] Celaxib [AF]	[a] Celebrex [GO]
					[a] Celecoxib GH [GQ]	[a] Celecoxib Sandoz [SZ]
					[a] CELECOXIB-WGR [WG]	[a] Celexi [RW]

NP

SPECIFIC ANTIRHEUMATIC AGENTS

Quinolines

▪ HYDROXYCHLOROQUINE

hydroxychloroquine sulfate 200 mg tablet, 100

1512N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	28.00	25.00	[a] APO- Hydroxychloroquine [TX]	[a] Hequinel [RW]
					[a] Hydroxychloroquine GH [GQ]	[a] Plaquenil [SW]

NP

Gold preparations

▪ AURANOFIN

Caution Regular blood and urine checks are essential.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

auranofin 3 mg capsule, 60

2022K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.48	25.00	Ridaura [BZ]

auranofin 3 mg tablet, 60

1095P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	161.99	25.00	Ridaura [GH]

Penicillamine and similar agents

▪ PENICILLAMINE

Caution Regular blood and urine checks are essential.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

penicillamine 125 mg tablet, 100

2721F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	63.79	25.00	D-Penamine [AL]

penicillamine 250 mg tablet, 100

2838J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	76.45	25.00	D-Penamine [AL]

▪ PENICILLAMINE

Caution Regular blood and urine checks are essential.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

penicillamine 125 mg tablet, 100

13458H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*113.22	25.00	D-Penamine [AL]

penicillamine 250 mg tablet, 100

13425N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*139.74	25.00	D-Penamine [AL]

▪ MUSCLE RELAXANTS

MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS

Other centrally acting agents

▪ BACLOFEN

baclofen 10 mg tablet, 100

2729P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.96	24.50	[a] APO-Baclofen [TX] [a] Lioresal 10 [NV]	[a] Clofen 10 [AF] [a] Stelax 10 [RW]

baclofen 25 mg tablet, 100

2730Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.17	25.00	[a] APO-Baclofen [TX] [a] Lioresal 25 [NV]	[a] Clofen 25 [AF] [a] Stelax 25 [RW]

▪ BACLOFEN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

baclofen 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13522Q NP	2	5	..	*31.56	25.00	[a] APO-Baclofen [TX] [a] Lioresal 10 [NV]	[a] Clofen 10 [AF] [a] Stelax 10 [RW]

baclofen 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13359D NP	2	5	..	*51.98	25.00	[a] APO-Baclofen [TX] [a] Lioresal 25 [NV]	[a] Clofen 25 [AF] [a] Stelax 25 [RW]

MUSCLE RELAXANTS, DIRECTLY ACTING AGENTS

Dantrolene and derivatives

▪ DANTROLENE

Restricted benefit

Chronic spasticity

dantrolene sodium hemiheptahydrate 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1779P NP	1	2	..	159.09	25.00	Dantrium [PF]

▪ ANTIGOUT PREPARATIONS

ANTIGOUT PREPARATIONS

Preparations inhibiting uric acid production

▪ ALLOPURINOL

Note The dose should be adjusted in accordance with renal function.

allopurinol 100 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2600W NP	1	2	..	19.12	20.66	[a] Allopurinol Sandoz [SZ] [a] Allosig [RF] [a] Progout 100 [AF]	[a] ALLOPURINOL-WGR [WG] [a] APO-ALLOPURINOL [TX] [a] Progout Viatris [AL]
			[B]5.41	24.53	20.66	[a] Zyloprim [RW]	

allopurinol 300 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2604C NP	1	2	..	18.10	19.64	[a] Allopurinol Sandoz [SZ] [a] Allosig [RF] [a] NOUMED ALLOPURINOL [VO] [a] Progout Viatris [AL]	[a] ALLOPURINOL-WGR [WG] [a] APO-ALLOPURINOL [TX] [a] Progout 300 [AF]
			[B]5.38	23.48	19.64	[a] Zyloprim [RW]	

▪ ALLOPURINOL

Note The dose should be adjusted in accordance with renal function.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

allopurinol 100 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13358C NP	2	2	..	*23.88	25.00	[a] Allopurinol Sandoz [SZ] [a] Allosig [RF] [a] Progout 100 [AF]	[a] ALLOPURINOL-WGR [WG] [a] APO-ALLOPURINOL [TX] [a] Progout Viatris [AL]
			[B]10.82	*34.70	25.00	[a] Zyloprim [RW]	

allopurinol 300 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13575L NP	2	2	..	*21.84	23.38	[a] Allopurinol Sandoz [SZ] [a] Allosig [RF] [a] NOUMED ALLOPURINOL [VO] [a] Progout Viatris [AL]	[a] ALLOPURINOL-WGR [WG] [a] APO-ALLOPURINOL [TX] [a] Progout 300 [AF]
			[B]10.76	*32.60	23.38	[a] Zyloprim [RW]	

▪ FEBUXOSTAT

Authority required (STREAMLINED)

8921
Chronic gout
Clinical criteria:
- The condition must be either chronic gouty arthritis or chronic tophaceous gout, **AND**
- Patient must have a medical contraindication to allopurinol; OR
- Patient must have a documented history of allopurinol hypersensitivity syndrome; OR
- Patient must have an intolerance to allopurinol necessitating permanent treatment discontinuation.

febuxostat 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10445R NP	1	5	..	51.08	25.00	[a] Adenuric [FK]	[a] Febexic [CR]

▪ FEBUXOSTAT

Authority required (STREAMLINED)
14313
Chronic gout
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be either chronic gouty arthritis or chronic tophaceous gout, **AND**
- Patient must have a medical contraindication to allopurinol; OR
- Patient must have a documented history of allopurinol hypersensitivity syndrome; OR
- Patient must have an intolerance to allopurinol necessitating permanent treatment discontinuation.

febuxostat 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13519M NP	2	5	..	*87.80	25.00	[a] Adenuric [FK]	[a] Febexic [CR]

Preparations increasing uric acid excretion

▪ PROBENECID

probenecid 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1940D NP	1	5	..	74.85	25.00	Pro-Cid [FF]

▪ PROBENECID

Restricted benefit
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

probenecid 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13942T NP	2	5	..	*136.38	25.00	Pro-Cid [FF]

Preparations with no effect on uric acid metabolism

▪ COLCHICINE

colchicine 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3410L NP	1	5	..	17.88	19.42	[a] ARX-Colchicine [XT] [a] Colcine [CR]	[a] COLCHICINE-WGR [WG] [a] Lengout [LN]
			[B]2.02	19.90	19.42	[a] Colgout [AS]	

▪ DRUGS FOR TREATMENT OF BONE DISEASES

DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

Bisphosphonates

▪ ALENDRONATE

Restricted benefit
Corticosteroid-induced osteoporosis
Clinical criteria:
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

---

alendronate 70 mg tablet, 4

8511Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.24	19.78	[a] Alendronate Sandoz [SZ] [a] APO-Alendronate [TX]	[a] ALENDRONATE-WGR [WG] [a] Fonat [AL]

▪ ALENDRONATE

Restricted benefit

Corticosteroid-induced osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

alendronate 70 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13499L NP	2	5	..	*22.12	23.66	[a] Alendronate Sandoz [SZ] [a] APO-Alendronate [TX]	[a] ALENDRONATE-WGR [WG] [a] Fonat [AL]

▪ IBANDRONATE

Restricted benefit

Bone metastases

Clinical criteria:

- The condition must be due to breast cancer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ibandronate 50 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9357L NP	1	2	..	213.96	25.00	Bondronat [IX]

▪ PAMIDRONATE DISODIUM

Restricted benefit

Symptomatic Paget disease of bone

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

pamidronate disodium 60 mg/10 mL injection, 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8463K NP	1	..	..	72.00	25.00	Pamisol [PF]

▪ RISEDRONATE

Restricted benefit

Symptomatic Paget disease of bone

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

risedronate sodium 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8482K NP	1	1	..	176.40	25.00	Actonel [TT]

▪ RISEDRONATE

Restricted benefit

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

risedronate sodium 150 mg tablet, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9391G NP	1	5	..	35.84	25.00	[a] Actonel Once-a-Month [TT]	[a] APO-Risedronate [TX]

risedronate sodium 35 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8621R NP	1	5	..	34.17	25.00	[a] APO-Risedronate [TX] [a] RISEDRONATE-WGR [WG]	[a] Risedronate Sandoz [SZ]

risedronate sodium 35 mg enteric tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8972F NP	1	5	..	34.17	25.00	Actonel EC [TT]

risedronate sodium 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8481J NP	1	5	..	37.65	25.00	Actonel [TT]

▪ RISEDRONATE

Restricted benefit

Corticosteroid-induced osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

risedronate sodium 150 mg tablet, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13488X NP	2	5	..	*57.32	25.00	[a] Actonel Once-a-Month [TT]	[a] APO-Risedronate [TX]

risedronate sodium 35 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13459J NP	2	5	..	*53.98	25.00	[a] APO-Risedronate [TX] [a] RISEDRONATE-WGR [WG]	[a] Risedronate Sandoz [SZ]

risedronate sodium 35 mg enteric tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13364J NP	2	5	..	*53.98	25.00	Actonel EC [TT]

risedronate sodium 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13360E NP	2	5	..	*60.94	25.00	Actonel [TT]

▪ ZOLEDRONIC ACID

Authority required (STREAMLINED)

5710

Symptomatic Paget disease of bone

Only 1 treatment each year per patient will be PBS-subsidised

zoledronic acid 5 mg/100 mL injection, 100 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9350D	1	..	..	74.05	25.00	[a] Aclasta [HX] [a] Zoledasta [TX]	[a] Osteovan [SZ] [a] Zoledronate-RDY 5 [RI]

▪ ZOLEDRONIC ACID

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6308

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6313

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -3.0 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6318

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**

- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

zoledronic acid 5 mg/100 mL injection, 100 mL vial

9288W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	74.05	25.00	[a] Aclasta [HX] [a] Zoledasta [TX]	[a] Osteovan [SZ] [a] Zoledronate-RDY 5 [RI]

Bisphosphonates, combinations

▪ ALENDRONATE + COLECALCIFEROL

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6306

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6325

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6319

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

9183H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	21.32	22.86	Fosamax Plus 70 mg/140 mcg [MQ]

▪ ALENDRONATE + COLECALCIFEROL

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

15032

Corticosteroid-induced osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

14898

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

14993

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

13835E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*28.28	25.00	Fosamax Plus 70 mg/140 mcg [MQ]

▪ ALENDRONATE + COLECALCIFEROL

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.

Authority required (STREAMLINED)

6307

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6320

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6315

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9012H NP	1	5	..	21.32	22.86	Fosamax Plus [MQ]

▪ ALENDRONATE + COLECALCIFEROL

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.

Authority required (STREAMLINED)

15024

Corticosteroid-induced osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

15011

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

15035

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14003B NP	2	5	..	*28.28	25.00	Fosamax Plus [MQ]

Other drugs affecting bone structure and mineralization

▪ CALCITRIOL

Authority required (STREAMLINED)

5401

Hypocalcaemia

Clinical criteria:

- The condition must be due to renal disease.

Authority required (STREAMLINED)

5255

Hypoparathyroidism

Authority required (STREAMLINED)

5089

Hypophosphataemic rickets

Authority required (STREAMLINED)

5114

Vitamin D-resistant rickets

Authority required (STREAMLINED)

5402

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

2502Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	29.99	25.00	[a] Calciprox [ZS] [a] Sical [AF]	[a] CALITROL [XT]
		[B]2.23	32.22	25.00	[a] Rocaltrol [IX]	

▪ CALCITRIOL

Authority required (STREAMLINED)

14322

Hypocalcaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be due to renal disease.

Authority required (STREAMLINED)

14287

Hypoparathyroidism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14231

Hypophosphataemic rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14296

Vitamin D-resistant rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14259

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

13457G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*45.62	25.00	[a] Calciprox [ZS] [a] Sical [AF]	[a] CALITROL [XT]
		[B]4.46	*50.08	25.00	[a] Rocaltrol [IX]	

▪ DENOSUMAB

Note Denosumab is not PBS-subsidised for use in patients who have undergone curative surgical resection.

Authority required (STREAMLINED)

16514

Giant cell tumour of bone

Clinical criteria:

- Patient must be one in whom surgical resection is not feasible; OR

- Patient must be one in whom surgical resection is possible but surgery would result in significant morbidity.

Population criteria:

- Patient must be an adult; OR
- Patient must be a skeletally mature adolescent.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

denosumab 120 mg/mL injection, 1 mL syringe

15001M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	339.43	25.00	Xgeva [XT]

▪ DENOSUMAB

Authority required (STREAMLINED)

16608

Bone metastases

Clinical criteria:

- The condition must be due to breast cancer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16512

Bone metastases

Clinical criteria:

- The condition must be due to castration-resistant prostate cancer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

denosumab 120 mg/mL injection, 1 mL syringe

15013E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	339.43	25.00	Xgeva [XT]

▪ DENOSUMAB

Note Denosumab is not PBS-subsidised for use in patients who have undergone curative surgical resection.

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Authority required (STREAMLINED)

16514

Giant cell tumour of bone

Clinical criteria:

- Patient must be one in whom surgical resection is not feasible; OR
- Patient must be one in whom surgical resection is possible but surgery would result in significant morbidity.

Population criteria:

- Patient must be an adult; OR
- Patient must be a skeletally mature adolescent.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

denosumab 120 mg/1.7 mL injection, 1.7 mL vial

10061M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.55	25.00	[a] GANVADO [XW] [a] Wyost [SZ]	[a] Osenvelt [EW] [a] Xgeva [XT]

▪ DENOSUMAB

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Authority required (STREAMLINED)

16608

Bone metastases

Clinical criteria:

- The condition must be due to breast cancer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16512

Bone metastases

Clinical criteria:

- The condition must be due to castration-resistant prostate cancer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

denosumab 120 mg/1.7 mL injection, 1.7 mL vial

5110Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.55	25.00	[a] GANVADO [XW] [a] Wyost [SZ]	[a] Osenvelt [EW] [a] Xgeva [XT]

▪ DENOSUMAB

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6548

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6524

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

denosumab 60 mg/mL injection, 1 mL syringe

5457F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	183.90	25.00	[a] CORORA [XW] [a] Prolia [XT]	[a] Jubbonti [SZ] [a] Stoboclo [EW]

▪ RALOXIFENE

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6314

Established post-menopausal osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

raloxifene hydrochloride 60 mg tablet, 28

8363E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	30.69	25.00	[a] Fixta 60 [ZS] [a] Raloxifene GH [GQ]	[a] RALOVISTA [RF]
		[B]3.98	34.67	25.00	[a] Evista [BZ]	

▪ RALOXIFENE

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

14274

Established post-menopausal osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

raloxifene hydrochloride 60 mg tablet, 28

13426P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*47.02	25.00	[a] Fixta 60 [ZS] [a] Raloxifene GH [GQ]	[a] RALOVISTA [RF]
		[B]7.96	*54.98	25.00	[a] Evista [BZ]	

▪ ROMOSOZUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe established osteoporosis

Treatment Phase: Initial treatment - Second-line therapy

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy, **AND**
- Patient must not have received treatment with PBS-subsidised teriparatide; OR
- Patient must have developed intolerance to teriparatide of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

Treatment criteria:

- Must be treated by a consultant physician.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with this drug is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details must be documented in the patient's medical record at the time treatment with this drug is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg

once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be provided at the time of application.

Authority required

Severe established osteoporosis

Treatment Phase: Continuing treatment - Second-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition as second-line therapy, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy.

Treatment criteria:

- Must be treated by a medical practitioner identifying as either: (i) a consultant physician, (ii) a general practitioner.

romosozumab 105 mg/1.17 mL injection, 2 x 1.17 mL syringes

12301K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	395.12	25.00	Evenity [AN]

▪ ROMOSOZUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe established osteoporosis

Treatment Phase: Initial treatment - First-line therapy

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with any of: (i) anti-resorptive therapy, (ii) teriparatide, (iii) romosozumab, **AND**
- Patient must be at very high risk of fracture, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must have had a symptomatic fracture due to minimal trauma, **AND**
- Patient must have had at least 1 hip or symptomatic vertebral fracture in the previous 24 months; OR
- Patient must have had at least 2 fractures including 1 symptomatic new fracture in the previous 24 months, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy.

Treatment criteria:

- Must be treated by a consultant physician.

Details of fracture history including the date(s), site(s), the symptoms associated with the fracture(s) and the score of the qualifying BMD measurement must be provided at the time of application.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Anti-resorptive therapies for osteoporosis include alendronate sodium, risedronate sodium, raloxifene hydrochloride, denosumab and zoledronic acid.

Authority required

Severe established osteoporosis

Treatment Phase: Continuing treatment - First-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition as first-line therapy, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy.

Treatment criteria:

- Must be treated by a medical practitioner identifying as either: (i) a consultant physician, (ii) a general practitioner.

romosozumab 105 mg/1.17 mL injection, 2 x 1.17 mL syringes

14641N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	395.12	25.00	Evenity [AN]

▪ TERIPARATIDE

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge and the pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

Authority required (STREAMLINED)

15536

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

teriparatide 250 microgram/mL injection, 2.4 mL cartridge

15188J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*336.92	25.00	[a] Ritosa [XT]

teriparatide 250 microgram/mL injection, 2.4 mL pen device

14482F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*336.92	25.00	[a] Teriparatide Lupin [GQ]	[a] Terrosa [FX]

▪ TERIPARATIDE

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge and the pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

12492

Severe established osteoporosis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy, **AND**
- Patient must not have received treatment with PBS-subsidised romosozumab; OR
- Patient must have developed intolerance to romosozumab of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy**.** Details must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be documented in the patient's medical record.

Authority required (STREAMLINED)

12270

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**

- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL cartridge

15152L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	173.14	25.00	[a] Ritosa [XT]

teriparatide 250 microgram/mL injection, 2.4 mL pen device

14093R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	173.14	25.00	[a] Teriparatide Lupin [GQ]	[a] Terrosa [FX]

▪ VOSORITIDE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Achondroplasia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a diagnosis of achondroplasia, confirmed by appropriate genetic testing, **AND**
- Patient must not have evidence of growth plate closure demonstrated by at least one of the following: i) bilateral lower extremity X-rays (proximal tibia, distal femur) taken within 6 months of this application if puberty has commenced; ii) bilateral lower extremity X-rays (proximal tibia, distal femur) taken within 2 years of commencing treatment if puberty has not commenced; iii) an annual growth velocity of greater than 1.5 cm/year as assessed over a period of at least 6 months.

Treatment criteria:

- Must be treated by a medical specialist, experienced in the management of achondroplasia; OR
- Must be treated by a paediatrician in consultation with a medical specialist experienced in the management of achondroplasia.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength(s) to provide sufficient drug, based on the weight of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Appropriate genetic testing constitutes testing for FGFR3 gene mutation.

In patients where puberty has not commenced, radiographic evidence that epiphyses have not closed must be obtained within 2 years of commencing treatment with vosoritide. X-rays and dates (date commenced treatment and date of X-ray) must be documented in the patient's medical records.

Additional radiographic evidence is not required until patient has begun puberty.

In patients where puberty has commenced, radiographic evidence that epiphyses have not closed must be obtained within 6 months of completing an authority application for vosoritide. X-ray and date taken must be documented in the patient's medical records.

Authority required

Achondroplasia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS subsidised vosoritide treatment for this condition, **AND**
- Patient must not have evidence of growth plate closure demonstrated by at least one of the following: i) bilateral lower extremity X-rays (proximal tibia, distal femur) taken within 6 months of this application if puberty has commenced; ii) bilateral lower extremity X-rays (proximal tibia, distal femur) taken within 2 years of commencing treatment if puberty has not commenced; iii) an annual growth velocity of greater than 1.5 cm/year as assessed over a period of at least 6 months.

Treatment criteria:

- Must be treated by a medical specialist, experienced in the management of achondroplasia; OR
- Must be treated by a paediatrician in consultation with a medical specialist experienced in the management of achondroplasia.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength(s) to provide sufficient drug, based on the weight of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

In patients where puberty has not commenced, radiographic evidence that epiphyses have not closed must be obtained within 2 years of commencing treatment with vosoritide. X-rays and dates (date commenced treatment and date of X-ray) must be documented in the patient's medical records.

Additional radiographic evidence is not required until patient has begun puberty.

In patients where puberty has commenced, radiographic evidence that epiphyses have not closed must be obtained within 6 months of completing an authority application for vosoritide. X-ray and date taken must be documented in the patient's medical records.

vosoritide 400 microgram injection [10 vials] (&) inert substance diluent [10 x 0.5 mL syringes], 1 pack

13275Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	..	*28409.91	25.00	Voxzogo [IO]

vosoritide 560 microgram injection [10 vials] (&) inert substance diluent [10 x 0.7 mL syringes], 1 pack

13274P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	..	*28409.91	25.00	Voxzogo [IO]

vosoritide 1.2 mg injection [10 vials] (&) inert substance diluent [10 x 0.6 mL syringes], 1 pack

13270K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	..	*28409.91	25.00	Voxzogo [IO]

▪ OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

Other drugs for disorders of the musculo-skeletal system

▪ PALOVAROTENE

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17018

Fibrodysplasia ossificans progressiva (FOP)

Treatment Phase: Flare-up (acute) treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be experiencing a FOP flare-up; OR
- Patient must be at high risk of a FOP flare-up.

Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of FOP; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of FOP.

Population criteria:

- Patient must be a female aged 8 years or older; OR
- Patient must be a male aged 10 years or older.

Flare-up treatment should begin at the onset of the first symptom indicative of a FOP flare-up or substantial high-risk traumatic event likely to lead to a flare-up. Symptoms of a FOP flareup typically include but are not limited to localised pain, soft tissue swelling/inflammation, redness, warmth, decreased joint range of motion, and stiffness. Examples of a high risk substantial traumatic event include surgery, intramuscular immunisation, mandibular blocks for dental work, muscle fatigue, blunt muscle trauma from bumps, bruises, falls, or influenza-like viral illnesses.

At the time of the authority application, the medical practitioner must request the appropriate combination of packs to provide treatment at the recommended dose for flare-up treatment based on the age and weight of the patient, adequate for 12 weeks of treatment or in the presence of persistent flare-up symptoms to extend treatment in 4-week intervals according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested.

If the patient experiences another flare-up (i.e., new flare-up location or marked worsening of the original flare-up) at any time during flare-up treatment, the flare-up 12-week treatment should be restarted.

palovarotene 1 mg capsule, 28

14967R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	10322.57	25.00	Sohonos [IS]

palovarotene 1.5 mg capsule, 28

14989X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	15317.96	25.00	Sohonos [IS]

palovarotene 2.5 mg capsule, 28

14982M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	25308.36	25.00	Sohonos [IS]

palovarotene 5 mg capsule, 28

14981L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	50284.36	25.00	Sohonos [IS]

palovarotene 10 mg capsule, 28

15087C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	..	*200363.36	25.00	Sohonos [IS]

▪ PALOVAROTENE

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Fibrodysplasia ossificans progressiva (FOP)

Treatment Phase: Chronic treatment

Clinical criteria:

- Patient must have a diagnosis of FOP, confirmed by genetic testing.

Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of FOP; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of FOP.

Population criteria:

- Patient must be a female aged 8 years or older; OR
- Patient must be a male aged 10 years or older.

At the time of the authority application, the medical practitioner must request the appropriate combination of packs to provide treatment at the recommended dose for chronic treatment, based on the age and weight of the patient, adequate for 4 weeks according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Appropriate genetic testing constitutes testing for a pathogenic variant of the Activin A receptor type I (ACVR1) gene. Confirm that evidence of the presence of a pathogenic mutation of the ACVR1 gene is documented/retained in the patient's medical records once only with the first PBS prescription.

The authority application must be made in writing and must include:

(1) details of the proposed prescription; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

palovarotene 1 mg capsule, 28

15023Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	10322.57	25.00	Sohonos [IS]

palovarotene 1.5 mg capsule, 28

14968T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	15317.96	25.00	Sohonos [IS]

palovarotene 2.5 mg capsule, 28

14980K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	25308.36	25.00	Sohonos [IS]

palovarotene 5 mg capsule, 28

14966Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	50284.36	25.00	Sohonos [IS]

▪ NERVOUS SYSTEM

▪ ANALGESICS

OPIOIDS

Natural opium alkaloids

▪ CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR

- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

codeine phosphate hemihydrate 30 mg tablet, 20

12054K DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*24.24	25.00	Aspen Pharmacare Australia Pty Ltd [AS]

▪ CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

codeine phosphate hemihydrate 30 mg tablet, 20

5063L DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	24.29	25.00	Aspen Pharmacare Australia Pty Ltd [AS]

▪ CODEINE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

codeine phosphate hemihydrate 30 mg tablet, 20

12065B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*24.24	25.00	Aspen Pharmacare Australia Pty Ltd [AS]

▪ CODEINE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

codeine phosphate hemihydrate 30 mg tablet, 20

1214X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	24.29	25.00	Aspen Pharmacare Australia Pty Ltd [AS]

NP

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 2 mg tablet, 20

12045Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*25.60	25.00	Dilaudid [MF]

DP

hydromorphone hydrochloride 4 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12032G DP	0.5	..	..	*26.96	25.00	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12010D DP	0.5	..	..	*32.02	25.00	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 2 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5115F DP	1	..	..	26.48	25.00	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5116G DP	1	..	..	28.68	25.00	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5117H DP	1	..	..	36.84	25.00	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 2 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12047C NP	0.5	..	..	*25.60	25.00	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12046B NP	0.5	..	..	*26.96	25.00	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12016K NP	0.5	..	..	*32.02	25.00	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Note Pharmaceutical benefits that have the brand Hydromorphone hydrochloride oral solution, USP (Medsurge) and pharmaceutical benefits that have the brand Hikma are equivalent for the purposes of substitution in the case of a shortage.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12559B DP	1	..	..	422.96	25.00	[a] Hikma [LM]

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13799G DP	1	..	..	517.98	25.00	[a] Hydromorphone hydrochloride oral solution, USP (Medsurge) [DZ]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

8421F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	27.93	25.00	[a] Dilaudid-HP [MF]	[a] Hydromorphone-hameln-HP [HW]
					[a] HYDROMORPHONE JUNO-HP [JU]	[a] MEDSURGE HYDROMORPHONE HP 10 mg/1 mL [DZ]

hydromorphone hydrochloride 2 mg/mL injection, 5 x 1 mL ampoules

8420E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	25.97	25.00	[a] Dilaudid [MF]	[a] Hydromorphone-hameln [HW]
					[a] HYDROMORPHONE JUNO [JU]	[a] MEDSURGE HYDROMORPHONE 2 mg/1 mL [DZ]

hydromorphone hydrochloride 2 mg tablet, 20

8541M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	26.48	25.00	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

8542N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	28.68	25.00	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

8543P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	36.84	25.00	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Note Pharmaceutical benefits that have the brand Hydromorphone hydrochloride oral solution, USP (Medsurge) and pharmaceutical benefits that have the brand Hikma are equivalent for the purposes of substitution in the case of a shortage.

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

12582F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	422.96	25.00	[a] Hikma [LM]

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

13796D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	517.98	25.00	[a] Hydromorphone hydrochloride oral solution, USP (Medsurge) [DZ]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 30 mg tablet, 20

12067D (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*28.60	25.00	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

10858L (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	26.23	25.00	Morphine Juno [JU]

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

5169C (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.58	25.00	MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

5170D (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	29.61	25.00	MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

5239R (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	151.99	25.00	Ordine 10 [XT]

morphine sulfate pentahydrate 30 mg tablet, 20

5163R (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	31.32	25.00	Anamorph [RW]

morphine hydrochloride trihydrate 2 mg/mL oral liquid, 200 mL

5237P (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	61.81	25.00	[a] Morphine Phebra [FF]	[a] Ordine 2 [XT]

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5238Q DP	1	..	..	103.53	25.00	[a] Morphine Phebra [FF]	[a] Ordine 5 [XT]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12009C NP	0.5	..	..	*28.60	25.00	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10863R DP	1	..	..	24.18	25.00	[a] Morphine Juno [JU]

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5168B DP	1	..	..	24.94	25.00	[a] MORPHINE SULFATE 10 mg/1 mL MEDSURGE [DZ]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

10874H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	26.23	25.00	Morphine Juno [JU]

morphine hydrochloride trihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

10869C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	31.86	25.00	Morphine Juno [JU]

morphine hydrochloride trihydrate 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10878M NP	1	..	..	37.73	25.00	Morphine Juno [JU]

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1645N NP MW	1	..	..	27.58	25.00	MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1647Q NP	1	..	..	29.61	25.00	MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 200 mg modified release tablet, 28

12055L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	119.50	25.00	MS Contin [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Cancer pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have cancer pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Cancer pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have cancer pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Cancer pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 10 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8669G NP	1	..	..	24.44	25.00	Sevredol [MF]

morphine sulfate pentahydrate 20 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8670H NP	1	..	..	25.19	25.00	Sevredol [MF]

morphine sulfate pentahydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14654G NP	1	..	..	31.32	25.00	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

2124T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	151.99	25.00	Ordine 10 [XT]

NP

morphine sulfate pentahydrate 30 mg tablet, 20

1646P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	31.32	25.00	Anamorph [RW]

NP

morphine hydrochloride trihydrate 2 mg/mL oral liquid, 200 mL

2122Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	61.81	25.00	[a] Morphine Phebra [FF]	[a] Ordine 2 [XT]

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

2123R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	103.53	25.00	[a] Morphine Phebra [FF]	[a] Ordine 5 [XT]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8035X NP	1	..	..	26.66	25.00	MS Contin [MF]

morphine sulfate pentahydrate 60 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1655D NP	1	..	..	49.88	25.00	MS Contin [MF]

morphine sulfate pentahydrate 10 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8349K NP	1	..	..	29.29	25.00	Kapanol [YN]

morphine sulfate pentahydrate 100 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2841M NP	1	..	..	60.76	25.00	Kapanol [YN]

morphine sulfate pentahydrate 120 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8494C NP	1	..	..	49.87	25.00	MS Mono [MF]

morphine sulfate pentahydrate 20 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2839K NP	1	..	..	30.15	25.00	Kapanol [YN]

morphine sulfate pentahydrate 30 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8491X NP	1	..	..	29.65	25.00	MS Mono [MF]

morphine sulfate pentahydrate 50 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2840L NP	1	..	..	41.76	25.00	Kapanol [YN]

morphine sulfate pentahydrate 60 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8492Y NP	1	..	..	37.04	25.00	MS Mono [MF]

morphine sulfate pentahydrate 90 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8493B NP	1	..	..	40.57	25.00	MS Mono [MF]

morphine sulfate pentahydrate 10 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1653B NP	1	..	..	27.02	25.00	MS Contin [MF]

morphine sulfate pentahydrate 100 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1656E NP	1	..	..	62.11	25.00	MS Contin [MF]

morphine sulfate pentahydrate 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8489T NP	1	..	..	32.83	25.00	MS Contin [MF]

morphine sulfate pentahydrate 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1654C NP	1	..	..	37.06	25.00	MS Contin [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Chronic severe disabling pain

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8453X NP	1	..	..	119.50	25.00	MS Contin [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR

- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

10864T (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	24.18	25.00	[a] Morphine Juno [JU]

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

1644M (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	24.94	25.00	[a] MORPHINE SULFATE 10 mg/1 mL MEDSURGE [DZ]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 5 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12311Y DP	1	..	..	25.83	25.00	OxyNorm [MF]

oxycodone hydrochloride 5 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13234M DP	1	..	..	21.58	23.12	[a] Oxycodone Viatris [MQ]
			[B]1.00	22.58	23.12	[a] ENDONE [AF]

oxycodone hydrochloride 10 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12074L DP	0.5	..	..	*25.52	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 10 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5197M DP	1	..	..	26.35	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5191F DP	1	..	..	31.56	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 1 mg/mL oral liquid, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5190E DP	1	..	..	32.93	25.00	OxyNorm Liquid 1mg/mL [MF]

oxycodone hydrochloride 5 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5195K DP	1	..	..	22.83	24.37	[a] Mayne Pharma Oxycodone IR [SZ] [a] Oxyndone [TX]	[a] Oxycodone Viatris [MQ]
			[B]2.00	24.83	24.37	[a] ENDONE [AF]	

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 10 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12031F NP	0.5	..	..	*25.52	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR

- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is sharing the post-operative care of the patient with a medical practitioner.

oxycodone hydrochloride 5 mg capsule, 10

12314D (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	25.83	25.00	OxyNorm [MF]

oxycodone hydrochloride 5 mg tablet, 10

13233L (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.58	23.12	[a] Oxycodone Viatris [MQ]
		[B]1.00	22.58	23.12	[a] ENDONE [AF]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 10 mg capsule, 20

8501K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	26.35	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 20 mg capsule, 20

8502L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	31.56	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg capsule, 20

8464L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	31.56	25.00	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 1 mg/mL oral liquid, 250 mL

8644Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	32.93	25.00	OxyNorm Liquid 1mg/mL [MF]

oxycodone hydrochloride 5 mg tablet, 20

2622B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	22.83	24.37	[a] Mayne Pharma Oxycodone IR [SZ] [a] Oxyndone [TX]	[a] Oxycodone Viatris [MQ]
			[B]2.00	24.83	24.37	[a] ENDONE [AF]	

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note OxyContin modified release tablets are intended to be crush-deterrent and to reduce the rapid release of oxycodone upon accidental or intentional misuse.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 10 mg modified release tablet, 28

8385H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	30.76	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 15 mg modified release tablet, 28

9399Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	38.75	25.00	OxyContin [MF]

oxycodone hydrochloride 20 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8386J NP	1	..	..	38.99	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9400R NP	1	..	..	51.92	25.00	OxyContin [MF]

oxycodone hydrochloride 40 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8387K NP	1	..	..	48.67	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 80 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8388L NP	1	..	..	66.91	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

▪ OXYCODONE + NALOXONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 60 mg + naloxone hydrochloride 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11102H NP	1	..	..	83.74	25.00	[a] ARX-Oxycodone/Naloxone 60/30 [TX]	[a] Targin 60/30 [MF]

oxycodone hydrochloride 80 mg + naloxone hydrochloride 40 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11111T NP	1	..	..	87.13	25.00	[a] ARX-Oxycodone/Naloxone 80/40 [TX]	[a] Targin 80/40 [MF]

oxycodone hydrochloride 2.5 mg + naloxone hydrochloride 1.25 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10776E NP	1	..	..	29.65	25.00	[a] ARX-Oxycodone/Naloxone 2.5/1.25 [TX]	[a] Targin 2.5/1.25 mg [MF]

oxycodone hydrochloride 15 mg + naloxone hydrochloride 7.5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10757E NP	1	..	..	42.48	25.00	[a] ARX-Oxycodone/Naloxone 15/7.5 [TX]	[a] Targin 15/7.5mg [MF]

oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10758F NP	1	..	..	58.28	25.00	[a] ARX-Oxycodone/Naloxone 30/15 [TX]	[a] Targin 30/15 mg [MF]

oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8934F NP	1	..	..	33.72	25.00	[a] ARX-Oxycodone/Naloxone 10/5 [TX]	[a] Targin 10/5mg [MF]

oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8935G NP	1	..	..	44.27	25.00	[a] ARX-Oxycodone/Naloxone 20/10 [TX]	[a] Targin 20/10mg [MF]

oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8936H NP	1	..	..	56.63	25.00	[a] ARX-Oxycodone/Naloxone 40/20 [TX]	[a] Targin 40/20mg [MF]

oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8000C NP	1	..	..	32.90	25.00	[a] ARX-Oxycodone/Naloxone 5/2.5 [TX]	[a] Targin 5/2.5mg [MF]

Phenylpiperidine derivatives

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

15996

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

15994

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

16000

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 25 microgram/hour patch, 5

8891Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	28.93	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 50 microgram/hour patch, 5

8892B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	36.33	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 75 microgram/hour patch, 5

8893C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	42.34	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 100 microgram/hour patch, 5

8894D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	47.70	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 12 microgram/hour patch, 5

8878G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	27.04	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

Diphenylpropylamine derivatives

▪ METHADONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note This treatment is not recommended for use in ambulant patients.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

15996

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

15994

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

16000

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

methadone hydrochloride 10 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1609Q NP	1	..	..	25.26	25.00	[a] METHADONE-AFT [AE]	[a] Physeptone [AS]

methadone hydrochloride 10 mg/mL injection, 5 x 1 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14202L NP	1	..	..	54.70	25.00	Physeptone [AS]

methadone hydrochloride 5 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15377H NP	1	..	..	23.39	24.93	METHADONE-AFT [AE]

Oripavine derivatives

▪ BUPRENORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

buprenorphine 5 microgram/hour patch, 2

8865N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	27.40	25.00	[a] B-Patch [IU] [a] Buprenorphine Sandoz [SZ]	[a] Bupredermal [TX] [a] Norspan [MF]

buprenorphine 15 microgram/hour patch, 2

10770W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	36.82	25.00	[a] B-Patch [IU] [a] Buprenorphine Sandoz [SZ]	[a] Bupredermal [TX] [a] Norspan [MF]

buprenorphine 25 microgram/hour patch, 2

10756D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	43.78	25.00	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 30 microgram/hour patch, 2

10755C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	47.16	25.00	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 40 microgram/hour patch, 2

10746N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	53.94	25.00	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 10 microgram/hour patch, 2

8866P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	33.25	25.00	[a] B-Patch [IU] [a] Buprenorphine Sandoz [SZ]	[a] Bupredermal [TX] [a] Norspan [MF]

buprenorphine 20 microgram/hour patch, 2

8867Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	40.40	25.00	[a] B-Patch [IU] [a] Buprenorphine Sandoz [SZ]	[a] Bupredermal [TX] [a] Norspan [MF]

Opioids in combination with non-opioid analgesics

▪ PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

12066C (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
0.5	..	..	*17.61	19.15	[a] APO- Paracetamol/Codeine 500/30 [TX] [a] Codalgin Forte [AF] [a] Comfarol Forte [SZ] [a] Prodeine Forte [AV]	[a] APX-Paracetamol/Codeine [TY] [a] Codapane Forte 500/30 [AL] [a] Paracetamol/Codeine GH 500/30 [GQ]
		[B]2.36	*19.97	19.15	[a] Panadeine Forte [SW]	

▪ PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

3316M (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO- Paracetamol/Codeine 500/30 [TX] [a] Codalgin Forte [AF] [a] Comfarol Forte [SZ] [a] Prodeine Forte [AV]	[a] APX-Paracetamol/Codeine [TY] [a] Codapane Forte 500/30 [AL] [a] Paracetamol/Codeine GH 500/30 [GQ]
		[B]3.81	20.91	18.64	[a] Panadeine Forte [SW]	

▪ PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

12022R (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
0.5	..	..	*17.61	19.15	[a] APO- Paracetamol/Codeine 500/30 [TX] [a] Codalgin Forte [AF] [a] Comfarol Forte [SZ] [a] Prodeine Forte [AV]	[a] APX-Paracetamol/Codeine [TY] [a] Codapane Forte 500/30 [AL] [a] Paracetamol/Codeine GH 500/30 [GQ]
		[B]2.36	*19.97	19.15	[a] Panadeine Forte [SW]	

▪ PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

1215Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO- Paracetamol/Codeine 500/30 [TX] [a] Codalgin Forte [AF] [a] Comfarol Forte [SZ] [a] Prodeine Forte [AV]	[a] APX-Paracetamol/Codeine [TY] [a] Codapane Forte 500/30 [AL] [a] Paracetamol/Codeine GH 500/30 [GQ]
		[B]3.81	20.91	18.64	[a] Panadeine Forte [SW]	

Other opioids

▪ TAPENTADOL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

tapentadol 100 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10094G NP	1	..	..	36.98	25.00	Palexia SR [CS]

tapentadol 150 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10100N NP	1	..	..	43.59	25.00	Palexia SR [CS]

tapentadol 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10091D NP	1	..	..	49.44	25.00	Palexia SR [CS]

tapentadol 250 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10092E NP	1	..	..	54.39	25.00	Palexia SR [CS]

tapentadol 50 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10096J NP	1	..	..	30.09	25.00	Palexia SR [CS]

▪ TRAMADOL

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

tramadol hydrochloride 50 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12024W DP	0.5	..	..	*17.61	19.15	[a] APO-Tramadol [TX] [a] TRAMADOL-WGR [WG] [a] Zydol [RW]	[a] Tramadol Sandoz [SZ] [a] Tramedo [AF]
			[B]1.39	*19.00	19.15	[a] Tramal [CS]	

▪ TRAMADOL

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

tramadol hydrochloride 50 mg capsule, 20

5232J (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Tramadol [TX] [a] TRAMADOL-WGR [WG] [a] Zydol [RW]	[a] Tramadol Sandoz [SZ] [a] Tramedo [AF]
		[B]2.25	19.35	18.64	[a] Tramal [CS]	

tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

5231H (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.75	19.29	[a] Tramadol AN [JU] [a] Tramal 100 [CS]	[a] Tramadol Sandoz [SZ]

tramadol hydrochloride 100 mg/mL oral liquid, 10 mL

5150C (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.51	22.05	Tramal [CS]

▪ TRAMADOL

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife who is sharing the post-operative care of the patient with a medical practitioner.

tramadol hydrochloride 50 mg capsule, 20

12008B (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
0.5	..	..	*17.61	19.15	[a] APO-Tramadol [TX] [a] TRAMADOL-WGR [WG] [a] Zydol [RW]	[a] Tramadol Sandoz [SZ] [a] Tramedo [AF]
		[B]1.39	*19.00	19.15	[a] Tramal [CS]	

▪ TRAMADOL

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

tramadol hydrochloride 50 mg capsule, 20

8455B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Tramadol [TX] [a] TRAMADOL-WGR [WG] [a] Zydol [RW]	[a] Tramadol Sandoz [SZ] [a] Tramedo [AF]
		[B]2.25	19.35	18.64	[a] Tramal [CS]	

tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

8582Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.75	19.29	[a] Tramadol AN [JU] [a] Tramal 100 [CS]	[a] Tramadol Sandoz [SZ]

tramadol hydrochloride 100 mg/mL oral liquid, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8843K NP	‡1	..	..	20.51	22.05	Tramal [CS]

▪ TRAMADOL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

tramadol hydrochloride 200 mg modified release tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8525Q NP	1	..	..	18.26	19.80	[a] APO-Tramadol SR [TX] [a] Tramadol SR generichealth [GQ] [a] Tramedo SR [AL]	[a] Tramadol Sandoz SR [SZ] [a] TRAMADOL-WGR SR [WG] [a] Zydol SR 200 [RW]
			[B]5.82	24.08	19.80	[a] Tramal SR 200 [CS]	

tramadol hydrochloride 50 mg modified release tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2527B NP	1	..	..	18.03	19.57	Tramal SR 50 [CS]

tramadol hydrochloride 100 mg modified release tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8523N NP	1	..	..	17.34	18.88	[a] APO-Tramadol SR [TX] [a] Tramadol SR generichealth [GQ] [a] Tramedo SR [AL]	[a] Tramadol Sandoz SR [SZ] [a] TRAMADOL-WGR SR [WG] [a] Zydol SR 100 [RW]
			[B]4.24	21.58	18.88	[a] Tramal SR 100 [CS]	

tramadol hydrochloride 150 mg modified release tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8524P NP	1	..	..	18.10	19.64	[a] APO-Tramadol SR [TX] [a] Tramadol SR generichealth [GQ] [a] Tramedo SR [AL]	[a] Tramadol Sandoz SR [SZ] [a] TRAMADOL-WGR SR [WG] [a] Zydol SR 150 [RW]
			[B]5.13	23.23	19.64	[a] Tramal SR 150 [CS]	

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

▪ PARACETAMOL

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

paracetamol 48 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1770E NP	‡1	2	..	18.04	19.58	Panamax 240 Elixir [SW]

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1746X NP	1	1	..	16.13	17.67	[a] APO-Paracetamol [TX] [a] Panamax [SW] [a] Paracetamol Sandoz Pharma [QS] [a] PHARMACY CARE PARACETAMOL [SI]	[a] Febridol [XT] [a] Paracetamol (Sandoz) [SZ] [a] Paralgin [OW] [a] Wagner Health Paracetamol [BG]

▪ PARACETAMOL

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

paracetamol 48 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3349G DP	‡1	..	..	18.04	19.58	Panamax 240 Elixir [SW]

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5196L DP	1	..	..	16.13	17.67	[a] APO-Paracetamol [TX] [a] Panamax [SW] [a] Paracetamol Sandoz Pharma [QS] [a] PHARMACY CARE PARACETAMOL [SI]	[a] Febridol [XT] [a] Paracetamol (Sandoz) [SZ] [a] Paralgin [OW] [a] Wagner Health Paracetamol [BG]

▪ PARACETAMOL

Restricted benefit

Chronic arthropathies

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5224Y DP	3	..	..	*19.68	21.22	[a] APO-Paracetamol [TX] [a] Panamax [SW] [a] Paracetamol Sandoz Pharma [QS] [a] PHARMACY CARE PARACETAMOL [SI]	[a] Febridol [XT] [a] Paracetamol (Sandoz) [SZ] [a] Paralgin [OW] [a] Wagner Health Paracetamol [BG]

▪ PARACETAMOL

Restricted benefit

Chronic arthropathies

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8784H NP	3	4	..	*19.68	21.22	[a] APO-Paracetamol [TX] [a] Panamax [SW] [a] Paracetamol Sandoz Pharma [QS] [a] PHARMACY CARE PARACETAMOL [SI]	[a] Febridol [XT] [a] Paracetamol (Sandoz) [SZ] [a] Paralgin [OW] [a] Wagner Health Paracetamol [BG]

▪ PARACETAMOL

Note Pharmaceutical benefits that have the form paracetamol 665 mg modified release tablet, 96 and pharmaceutical benefits that have the form paracetamol 665 mg modified release tablet, 192 are equivalent for the purposes of substitution.

Restricted benefit

Persistent pain

Clinical criteria:

- The condition must be associated with osteoarthritis.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 665 mg modified release tablet, 192

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10797G NP	1	5	..	21.66	23.20	[a] Osteomol 665 Paracetamol [CR]	[a] Parapane OSTEO [XT]

paracetamol 665 mg modified release tablet, 96

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8814X NP	2	5	..	*21.84	23.38	[a] APOHEALTH Osteo Relief Paracetamol 665 mg [TX] [a] Osteomol 665 Paracetamol [CR] [a] Pharmacy Action Paracetamol Osteo 665 [GQ]	[a] Chemists' Own Osteo Relief Paracetamol [RF] [a] Parapane OSTEO [XT]

Gabapentinoids

▪ PREGABALIN

Authority required (STREAMLINED)

4172

Neuropathic pain

Clinical criteria:

- The condition must be refractory to treatment with other drugs.

pregabalin 150 mg capsule, 56

2355Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.56	22.10	[a] APO-Pregabalin [TX] [a] Lyzalon [AF] [a] Prebalin [RF] [a] Pregabalin Lupin [HQ] [a] PREGABALIN-WGR [WG]	[a] BTC Pregabalin [BG] [a] Neuroccord [CR] [a] PREGABALIN-DRLA [RZ] [a] Pregabalin Sandoz [SZ]
		[B]6.49	27.05	22.10	[a] Lyrica [GO]	

pregabalin 25 mg capsule, 56

2348N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.33	19.87	[a] APO-Pregabalin [TX] [a] Lyzalon [AF] [a] Prebalin [RF] [a] Pregabalin Lupin [HQ] [a] PREGABALIN-WGR [WG]	[a] BTC Pregabalin [BG] [a] Neuroccord [CR] [a] PREGABALIN-DRLA [RZ] [a] Pregabalin Sandoz [SZ]
		[B]1.99	20.32	19.87	[a] Lyrica [GO]	

pregabalin 300 mg capsule, 56

2363J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.59	25.00	[a] APO-Pregabalin [TX] [a] Lyzalon [AF] [a] Prebalin [RF] [a] Pregabalin Lupin [HQ] [a] PREGABALIN-WGR [WG]	[a] BTC Pregabalin [BG] [a] Neuroccord [CR] [a] PREGABALIN-DRLA [RZ] [a] Pregabalin Sandoz [SZ]
		[B]1.61	25.20	25.00	[a] Lyrica [GO]	

pregabalin 75 mg capsule, 56

2335X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Pregabalin [TX] [a] Lyzalon [AF] [a] Prebalin [RF] [a] Pregabalin Lupin [HQ] [a] PREGABALIN-WGR [WG]	[a] BTC Pregabalin [BG] [a] Neuroccord [CR] [a] PREGABALIN-DRLA [RZ] [a] Pregabalin Sandoz [SZ]
		[B]5.07	23.67	20.14	[a] Lyrica [GO]	

ANTIMIGRAINE PREPARATIONS

Selective serotonin (5HT1) agonists

▪ ELETRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

eletriptan 40 mg tablet, 4

5290K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	27.59	25.00	Relpax [GO]

eletriptan 80 mg tablet, 4

5291L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	27.59	25.00	Relpax [GO]

▪ NARATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

naratriptan 2.5 mg tablet, 2

8298R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	[S]1.42	*26.22	25.00	Naramig [AS]

NP

▪ NARATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom adverse events have occurred with other suitable PBS-listed drugs.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom drug interactions have occurred with other suitable PBS-listed drugs.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom drug interactions are expected to occur with other suitable PBS-listed drugs.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.

naratriptan 2.5 mg tablet, 2

9734H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*26.22	25.00	Naramig [AS]

NP

▪ RIZATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note Pharmaceutical benefits that have the form rizatriptan wafer 10 mg (as benzoate) and pharmaceutical benefits that have the form rizatriptan tablet (orally disintegrating) 10 mg (as benzoate) are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

rizatriptan 10 mg orally disintegrating tablet, 2

10551H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-RIZATRIPTAN ODT [TW] [a] Rizatriptan-Au [DZ] [a] RIZATRIPTAN ODT-WGR [WG]	[a] RIXALT [RF] [a] Rizatriptan ODT Viatris [MQ]

NP

rizatriptan 10 mg wafer, 2

9313E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	[B]3.34	*26.18	24.38	[a] Rizatriptan Wafers-10mg [AF]
		[B]4.52	*27.36	24.38	[a] Maxalt [AL]

NP

▪ SUMATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note Pharmaceutical benefits that have the form sumatriptan tablet 50 mg (as succinate) and pharmaceutical benefits that have the form sumatriptan tablet (fast disintegrating) 50 mg (as succinate) are equivalent for the purposes of substitution.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Migraine attack
Clinical criteria:
- The condition must have usually failed to respond to analgesics in the past.

sumatriptan 50 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1849H NP	1	5	..	20.41	21.95	[a] APO-Sumatriptan [TX] [a] Pharmacor Sumatriptan 50 [CR] [a] Sumatriptan generichealth [GQ] [a] SUMATRIPTAN-WGR [WG]	[a] Iptam [AL] [a] Sumatran [OW] [a] Sumatriptan Sandoz [SZ]
			[B]4.07	24.48	21.95	[a] Imigran [LN]	

sumatriptan 50 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8144P NP	2	5	..	*20.64	22.18	[a] APO-Sumatriptan [TX] [a] Sumagraine Migraine Relief [GQ]	[a] Iptam [AL] [a] Sumatran [OW]

SUMATRIPTAN Tablet 50 mg (base) (fast disintegrating), 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10694W NP	1	5	[B]4.07	24.48	21.95	[a] Imigran FDT [AS]

▪ ZOLMITRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Migraine attack
Clinical criteria:
- The condition must have usually failed to respond to analgesics in the past.

zolmitriptan 2.5 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8266C NP	2	5	..	*25.88	25.00	[a] APO-Zolmitriptan [TX] [a] Zomig [AS]	[a] Zoltrip [RW]

Calcitonin gene-related peptide (CGRP) antagonists

▪ EPTINEZUMAB

Note Eptinezumab at a dose of 300 mg, once every twelve weeks, is not subsidised on the PBS.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
16018
Chronic migraine
Treatment Phase: Initial treatment
Treatment criteria:
- Must be treated by a neurologist; OR
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:
- Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:
- Patient must be at least 18 years of age.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

Patient must have the number of migraine days per month documented in their medical records.

eptinezumab 100 mg/mL injection, 1 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13342F	1	..	..	1444.65	25.00	Vyepti [LU]

▪ EPTINEZUMAB

Note Eptinezumab at a dose of 300 mg, once every twelve weeks, is not subsidised on the PBS.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

12029

Chronic migraine

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist neurologist or in consultation with a specialist neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained a 50% or greater reduction from baseline in the number of migraine days per month, **AND**
- Patient must continue to be appropriately managed for medication overuse headache.

Patient must have the number of migraine days per month documented in their medical records.

eptinezumab 100 mg/mL injection, 1 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13352R	1	1	..	1444.65	25.00	Vyepti [LU]

▪ FREMANEZUMAB

Note Pharmaceutical benefits that have the form fremanezumab 225 mg/1.5 mL syringes and pharmaceutical benefits that have the form fremanezumab 225 mg/1.5 mL pen devices are equivalent for the purposes of substitution.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14563

Treatment-resistant migraine

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained at least 50% reduction from baseline in the number of migraine headache days per month, **AND**
- Patient must continue to be appropriately managed for medication overuse headache.

Patient must have the number of migraine headache days per month documented in their medical records.

fremanezumab 225 mg/1.5 mL injection, 1.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12603H	1	5	..	544.77	25.00	[a] Ajovy [TB]

fremanezumab 225 mg/1.5 mL injection, 1.5 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13129B	1	5	..	544.77	25.00	[a] Ajovy [TB]

▪ FREMANEZUMAB

Note Pharmaceutical benefits that have the form fremanezumab 225 mg/1.5 mL syringes and pharmaceutical benefits that have the form fremanezumab 225 mg/1.5 mL pen devices are equivalent for the purposes of substitution.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16104

Treatment-resistant migraine

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have experienced at least 8 migraine headache days per month, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

Patient must have the number of migraine headache days per month documented in their medical records.

fremanezumab 225 mg/1.5 mL injection, 1.5 mL syringe

12611R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	544.77	25.00	[a] Ajovy [TB]

fremanezumab 225 mg/1.5 mL injection, 1.5 mL pen device

13115G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	544.77	25.00	[a] Ajovy [TB]

▪ GALCANEZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14563

Treatment-resistant migraine

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained at least 50% reduction from baseline in the number of migraine headache days per month, **AND**
- Patient must continue to be appropriately managed for medication overuse headache.

Patient must have the number of migraine headache days per month documented in their medical records.

galcanezumab 120 mg/mL injection, 1 mL pen device

12469G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	516.42	25.00	Emgality [LY]

▪ GALCANEZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

16104

Treatment-resistant migraine

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have experienced at least 8 migraine headache days per month, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**

- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

Patient must have the number of migraine headache days per month documented in their medical records.

galcanezumab 120 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12478R	2	1	..	*1023.48	25.00	Emgality [LY]

Other antimigraine preparations

▪ PIZOTIFEN

pizotifen 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3074T NP	1	2	..	25.62	25.00	Sandomigran 0.5 [AE]

▪ PIZOTIFEN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pizotifen 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13866T NP	2	2	..	*36.88	25.00	Sandomigran 0.5 [AE]

▪ ANTIEPILEPTICS

ANTIEPILEPTICS

Barbiturates and derivatives

▪ PHENOBARBITAL

Restricted benefit

Epilepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

phenobarbital 200 mg (equivalent to phenobarbital sodium 219 mg)/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2138M NP	1	..	..	36.70	25.00	Phenobarbitone Injection (Aspen Pharmacare Australia Pty Ltd) [AS]

▪ PHENOBARBITAL

Note Pharmaceutical benefits that have the brand Phenobarbital Tablets, USP 30 mg (Rising Pharmaceuticals, USA) can be substituted for Phenobarb in the case of a shortage.

Restricted benefit

Epilepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

phenobarbital 30 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1850J NP	1	4	..	19.80	21.34	[a] Phenobarb [RW]

phenobarbital 30 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15415H NP	2	4	..	*225.84	25.00	[a] Phenobarbital Tablets, USP 30 mg (Rising Pharmaceuticals, USA) [DZ]

▪ PRIMIDONE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

primidone 250 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1939C NP	1	2	..	69.56	25.00	Mysoline [LM]

Hydantoin derivatives

▪ PHENYTOIN

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

phenytoin 30 mg/5 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2692Q NP	‡1	3	..	27.08	25.00	Dilantin [GO]

phenytoin 50 mg chewable tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1249R NP	1	2	..	64.98	25.00	Dilantin Infatabs [GO]

phenytoin sodium 100 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1874P NP	1	2	..	34.07	25.00	Dilantin Sodium [GO]

phenytoin sodium 30 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1873N NP	1	2	..	52.74	25.00	Dilantin Sodium [GO]

▪ PHENYTOIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

phenytoin 30 mg/5 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13841L NP	‡2	3	..	*39.80	25.00	Dilantin [GO]

phenytoin 50 mg chewable tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13894G NP	2	2	..	*115.66	25.00	Dilantin Infatabs [GO]

phenytoin sodium 100 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13972J NP	2	2	..	*53.78	25.00	Dilantin Sodium [GO]

phenytoin sodium 30 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14015P NP	2	2	..	*91.12	25.00	Dilantin Sodium [GO]

Succinimide derivatives

▪ ETHOSUXIMIDE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ethosuximide 250 mg/5 mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1414K NP	‡1	5	..	73.13	25.00	Zarontin [IX]

ethosuximide 250 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11703Y NP	2	2	..	*288.60	25.00	ZARONTIN [IX]

▪ ETHOSUXIMIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ethosuximide 250 mg/5 mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14014N NP	‡2	5	..	*132.78	25.00	Zarontin [IX]

Benzodiazepine derivatives

▪ CLONAZEPAM

Restricted benefit

Epilepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

clonazepam 1 mg/mL injection [5 x 1 mL ampoules] (&) inert substance diluent [5 x 1 mL ampoules], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1807D NP	1	..	..	24.61	25.00	Rivotril [PB]

▪ CLONAZEPAM

Caution Abuse of clonazepam has been reported. Refer to the current product information.

Authority required

Epilepsy

Clinical criteria:

- The condition must be neurologically proven.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

clonazepam 2.5 mg/mL (0.1 mg/drop) oral liquid, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1808E NP	2	..	..	*21.84	23.38	Rivotril [PB]

clonazepam 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1806C NP	2	2	..	*32.78	25.00	Paxam 2 [AF]

▪ CLONAZEPAM

Caution Abuse of clonazepam has been reported. Refer to the current product information.

Note Pharmaceutical benefits that have form pack size clonazepam 500 microgram tablet, 100 and clonazepam 500 microgram tablet, 50 are equivalent for the purposes of substitution.

Authority required

Epilepsy

Clinical criteria:

- The condition must be neurologically proven.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

clonazepam 500 microgram tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11559J NP	4	2	[B]3.44	*31.36	25.00	[a] Rivotril [PB]

clonazepam 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1805B NP	2	2	..	*27.50	25.00	[a] Paxam 0.5 [AF]

▪ NITRAZEPAM

Authority required

Myoclonic epilepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Malignant neoplasia (late stage)

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

nitrazepam 5 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2732T NP	2	5	..	*19.84	21.38	[a] Alodorm [AF]	[a] Mogadon [IL]

Carboxamide derivatives

▪ CARBAMAZEPINE

carbamazepine 200 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14671E DP	2	..	..	*31.62	25.00	Tegretol CR 200 [NV]

carbamazepine 400 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14680P DP	2	..	..	*47.14	25.00	Tegretol CR 400 [NV]

carbamazepine 100 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5041H DP	‡1	..	..	26.95	25.00	Tegretol Liquid [NV]

carbamazepine 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5039F DP	2	..	..	*24.54	25.00	[a] AVLOIRE [VQ]
			[B]4.38	*28.92	25.00	[a] Tegretol 100 [NV]

carbamazepine 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1724R DP	2	..	..	*31.26	25.00	[a] AVLOIRE [VQ]
			[B]4.46	*35.72	25.00	[a] Tegretol 200 [NV]

▪ CARBAMAZEPINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

carbamazepine 200 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14673G NP	4	2	..	*48.88	25.00	Tegretol CR 200 [NV]

carbamazepine 400 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14662Q NP	4	2	..	*79.92	25.00	Tegretol CR 400 [NV]

carbamazepine 100 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14051M NP	‡2	5	..	*39.54	25.00	Tegretol Liquid [NV]

carbamazepine 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14509P NP	4	2	..	*34.72	25.00	[a] AVLOIRE [VQ]
			[B]8.76	*43.48	25.00	[a] Tegretol 100 [NV]

carbamazepine 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14338P NP	4	2	..	*48.16	25.00	[a] AVLOIRE [VQ]
			[B]8.92	*57.08	25.00	[a] Tegretol 200 [NV]

▪ CARBAMAZEPINE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

carbamazepine 200 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14681Q NP	2	2	..	*31.62	25.00	Tegretol CR 200 [NV]

carbamazepine 400 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14666X NP	2	2	..	*47.14	25.00	Tegretol CR 400 [NV]

carbamazepine 100 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2427R NP	‡1	5	..	26.95	25.00	Tegretol Liquid [NV]

carbamazepine 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2422L NP	2	2	..	*24.54	25.00	[a] AVLOIRE [VQ]
			[B]4.38	*28.92	25.00	[a] Tegretol 100 [NV]

carbamazepine 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1706T NP	2	2	..	*31.26	25.00	[a] AVLOIRE [VQ]
			[B]4.46	*35.72	25.00	[a] Tegretol 200 [NV]

▪ OXCARBAZEPINE

Authority required (STREAMLINED)

17478

Seizures

Clinical criteria:

- Patient must have focal onset seizures; OR
- Patient must have primary generalised tonic-clonic seizures, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

oxcarbazepine 60 mg/mL oral liquid, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8588B NP	2	5	..	*98.22	25.00	Trileptal [NV]

oxcarbazepine 150 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8584T NP	1	5	..	56.29	25.00	Trileptal [NV]

oxcarbazepine 300 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8585W NP	1	5	..	83.55	25.00	Trileptal [NV]

oxcarbazepine 600 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8586X NP	1	5	..	130.75	25.00	Trileptal [NV]

▪ OXCARBAZEPINE

Authority required (STREAMLINED)

17509

Seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have focal onset seizures; OR
- Patient must have primary generalised tonic-clonic seizures, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

oxcarbazepine 60 mg/mL oral liquid, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13936L NP	4	5	..	*185.48	25.00	Trileptal [NV]

oxcarbazepine 150 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14562K NP	2	5	..	*98.22	25.00	Trileptal [NV]

oxcarbazepine 300 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14033N NP	2	5	..	*154.66	25.00	Trileptal [NV]

oxcarbazepine 600 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13935K NP	2	5	..	*252.14	25.00	Trileptal [NV]

Fatty acid derivatives

▪ TIAGABINE

Authority required (STREAMLINED)

17445

Focal onset seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tiagabine 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8222R NP	2	5	..	*109.22	25.00	Gabitril [TB]

tiagabine 15 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8223T NP	2	5	..	*152.60	25.00	Gabitril [TB]

tiagabine 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8221Q NP	2	5	..	*61.78	25.00	Gabitril [TB]

▪ TIAGABINE

Authority required (STREAMLINED)

17444

Focal onset seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tiagabine 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13947C NP	4	5	..	*208.56	25.00	Gabitril [TB]

tiagabine 15 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13893F NP	4	5	..	*295.84	25.00	Gabitril [TB]

tiagabine 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13892E NP	4	5	..	*109.20	25.00	Gabitril [TB]

▪ VALPROATE

Caution There are reports of fatal hepatotoxicity, particularly in children.

There is increasing evidence of dose-related teratogenesis from this drug.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

valproate sodium 200 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2293Q NP	2	2	..	*42.32	25.00	Epilim Liquid [SW]

valproate sodium 200 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2295T NP	2	2	..	*42.32	25.00	Epilim Syrup [SW]

valproate sodium 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2294R NP	2	2	..	*35.92	25.00	Epilim [SW]

valproate sodium 200 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2289L NP	2	2	..	*25.08	25.00	[a] APO-Sodium Valproate [TX] [a] Valproate Winthrop EC 200 [WA]	[a] Sodium Valproate Sandoz [SZ] [a] Valpro EC 200 [AF]
			[B]1.78	*26.86	25.00	[a] Epilim EC [SW]	

valproate sodium 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2290M NP	2	2	..	*35.12	25.00	[a] APO-Sodium Valproate [TX] [a] Valproate Winthrop EC 500 [WA]	[a] Sodium Valproate Sandoz [SZ] [a] Valpro EC 500 [AF]
			[B]1.76	*36.88	25.00	[a] Epilim EC [SW]	

▪ VALPROATE

Caution There are reports of fatal hepatotoxicity, particularly in children.

There is increasing evidence of dose-related teratogenesis from this drug.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

valproate sodium 200 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13950F NP	4	2	..	*70.28	25.00	Epilim Syrup [SW]

valproate sodium 200 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13973K NP	4	2	..	*70.28	25.00	Epilim Liquid [SW]

valproate sodium 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13840K NP	4	2	..	*57.48	25.00	Epilim [SW]

valproate sodium 200 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14017R NP	4	2	..	*35.80	25.00	[a] APO-Sodium Valproate [TX] [a] Valproate Winthrop EC 200 [WA]	[a] Sodium Valproate Sandoz [SZ] [a] Valpro EC 200 [AF]
			[B]3.56	*39.36	25.00	[a] Epilim EC [SW]	

valproate sodium 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13917L NP	4	2	..	*55.88	25.00	[a] APO-Sodium Valproate [TX] [a] Valproate Winthrop EC 500 [WA]	[a] Sodium Valproate Sandoz [SZ] [a] Valpro EC 500 [AF]
			[B]3.52	*59.40	25.00	[a] Epilim EC [SW]	

▪ VIGABATRIN

Caution Visual field defects have been reported with this drug.

Authority required (STREAMLINED)

17445

Focal onset seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

vigabatrin 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2667J NP	1	5	..	85.91	25.00	Sabril [SW]

vigabatrin 500 mg powder for oral liquid, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2668K NP	1	5	..	60.68	25.00	Sabril [SW]

▪ VIGABATRIN

Caution Visual field defects have been reported with this drug.

Authority required (STREAMLINED)

17444

Focal onset seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

vigabatrin 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13919N NP	2	5	..	*159.62	25.00	Sabril [SW]

vigabatrin 500 mg powder for oral liquid, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13974L NP	2	5	..	*107.00	25.00	Sabril [SW]

Other antiepileptics

▪ BRIVARACETAM

Authority required (STREAMLINED)

17452

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be given concomitantly with levetiracetam.

brivaracetam 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11357R NP	1	5	..	153.74	25.00	Briviact [UC]

brivaracetam 25 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11327E NP	1	5	..	153.74	25.00	Briviact [UC]

brivaracetam 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11338R NP	1	5	..	153.74	25.00	Briviact [UC]

brivaracetam 75 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11350J NP	1	5	..	153.74	25.00	Briviact [UC]

▪ BRIVARACETAM

Authority required (STREAMLINED)

17451

Intractable focal onset seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents, **AND**
- The treatment must not be given concomitantly with levetiracetam, except for cross titration.

brivaracetam 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11339T	1	5	..	153.74	25.00	Briviact [UC]

brivaracetam 25 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11328F	1	5	..	153.74	25.00	Briviact [UC]

brivaracetam 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11334M	1	5	..	153.74	25.00	Briviact [UC]

brivaracetam 75 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11356Q	1	5	..	153.74	25.00	Briviact [UC]

▪ BRIVARACETAM

Authority required (STREAMLINED)

17561

Intractable focal onset seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents, **AND**
- Patient must be unable to take a solid dose form of this drug, **AND**
- The treatment must not be given concomitantly with levetiracetam, except for cross titration.

brivaracetam 10 mg/mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11349H	1	5	..	189.83	25.00	Briviact [UC]

▪ BRIVARACETAM

Authority required (STREAMLINED)

17540

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be unable to take a solid dose form of this drug, **AND**
- The treatment must not be given concomitantly with levetiracetam.

brivaracetam 10 mg/mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11358T NP	1	5	..	189.83	25.00	Briviact [UC]

▪ CANNABIDIOL

Note Requests for increased quantities may be sought based on daily doses not exceeding 20 mg/kg/day (in line with the Product Information) for up to 4 weeks per dispensing.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17678

Seizures of the Lennox-Gastaut syndrome

Clinical criteria:

- Patient must have a diagnosis of Lennox-Gastaut syndrome; the diagnosis should be confirmed by an electroencephalogram (EEG) where possible, **AND**
- Patient must have (as an initiating patient)/have had (as a continuing patient) more than one type of seizure that is not adequately controlled with at least two other antiseizure medications prior to initiating treatment with this medicine, **AND**
- The treatment must be as adjunctive therapy to other antiseizure medication.

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a neurologist, (ii) a paediatrician if treatment is being initiated; OR
- Must be treated by a prescriber who is either: (i) a neurologist, (ii) a paediatrician if treatment is being continued or re-initiated; OR
- Must be treated by a general practitioner in consultation with either: (i) a neurologist, (ii) a paediatrician if treatment is being continued.

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

cannabidiol 100 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13277T	1	5	..	1532.91	25.00	Epidyolex [JA]

▪ CANNABIDIOL

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Requests for increased quantities may be sought based on daily doses not exceeding 20 mg/kg/day (in line with the Product Information) for up to 4 weeks per dispensing.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe myoclonic epilepsy in infancy (Dravet syndrome)

Clinical criteria:

- Patient must have (as an initiating patient)/have had (as a continuing patient), generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other antiseizure medications, **AND**
- The treatment must be as adjunctive therapy to at least two other antiseizure medications.

Treatment criteria:

- Must be treated by a neurologist if treatment is being initiated; OR
- Must be treated by a neurologist if treatment is being continued or re-initiated; OR
- Must be treated by a paediatrician in consultation with a neurologist if treatment is being continued; OR
- Must be treated by a general practitioner in consultation with a neurologist if treatment is being continued.

cannabidiol 100 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12467E	1	5	..	1532.91	25.00	Epidyolex [JA]

▪ FENFLURAMINE

Note Cardiac monitoring must be carried out in accordance with the approved Product Information while on treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe myoclonic epilepsy in infancy (Dravet syndrome)

Clinical criteria:

- Patient must have (if initiating) generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other antiseizure medications; OR
- Patient must have had (if continuing) generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other antiseizure medications, **AND**
- The treatment must be as adjunctive therapy to at least two other antiseizure medications.

Treatment criteria:

- Must be treated by a neurologist if treatment is being initiated; OR
- Must be treated by a neurologist if treatment is being continued or re-initiated; OR
- Must be treated by a paediatrician in consultation with a neurologist if treatment is being continued; OR
- Must be treated by a general practitioner in consultation with a neurologist if treatment is being continued.

fenfluramine hydrochloride 2.2 mg/mL oral liquid, 360 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14833Q	‡1	5	..	4696.70	25.00	Fintepla [UC]

▪ GABAPENTIN

Authority required (STREAMLINED)

17445

Focal onset seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

gabapentin 800 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8389M NP	1	5	..	41.35	25.00	[a] Gabapentin APOTEX [TY] [a] Neurontin [GO]	[a] GAPENTIN [RF] [a] Pharmacor Gabapentin 800 [CR]

gabapentin 100 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8505P NP	1	5	..	18.36	19.90	[a] APX-Gabapentin [GX] [a] GAPENTIN [RF]	[a] Gabacor [CR] [a] Nupentin 100 [AF]
			[B]2.17	20.53	19.90	[a] Neurontin [GO]	

gabapentin 300 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1834M NP	1	5	..	23.72	25.00	[a] APX-Gabapentin [GX] [a] Gabapentin Sandoz [SZ] [a] GAPENTIN [RF]	[a] Gabacor [CR] [a] GABAPENTIN-WGR [WG] [a] Nupentin 300 [AF]
			[B]2.12	25.84	25.00	[a] Neurontin [GO]	

gabapentin 400 mg capsule, 100

1835N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	27.12	25.00	[a] APX-Gabapentin [GX] [a] Gabapentin Sandoz [SZ] [a] GAPENTIN [RF]	[a] Gabacor [CR] [a] GABAPENTIN-WGR [WG] [a] Nupentin 400 [AF]
			[B]2.13	29.25	25.00	[a] Neurontin [GO]	

gabapentin 600 mg tablet, 100

8559L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	34.34	25.00	[a] APX-GABAPENTIN [TX] [a] Pharmacor Gabapentin 600 [CR]	[a] GAPENTIN [RF]
			[B]2.14	36.48	25.00	[a] Neurontin [GO]	

▪ LACOSAMIDE

Authority required (STREAMLINED)

17541

Intractable focal onset seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents, **AND**
- The treatment must be for dose titration purposes.

lacosamide 50 mg tablet, 14

9333F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	..	20.31	21.85	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

lacosamide 100 mg tablet, 14

9334G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	..	26.27	25.00	[a] LACOMED [DZ] [a] Vimcosa [CR]	[a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]

lacosamide 150 mg tablet, 14

9336J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	..	32.22	25.00	[a] LACOMED [DZ] [a] Vimpat [UC]	[a] Vimcosa [CR]

▪ LACOSAMIDE

Authority required (STREAMLINED)

17560

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 100 mg tablet, 56

13867W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*109.64	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

lacosamide 50 mg tablet, 14

14011K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	8	5	..	*61.96	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

▪ LACOSAMIDE

Authority required (STREAMLINED)

17455
Intractable focal onset seizures
Treatment Phase: Continuing treatment
Clinical criteria:
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 50 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10293R NP	4	5	..	*38.16	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

▪ LACOSAMIDE

Authority required (STREAMLINED)
17520
Intractable focal onset seizures
Treatment Phase: Initial treatment
Treatment criteria:
- Must be treated by a neurologist.

Clinical criteria:
- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents.

Authority required (STREAMLINED)
17455
Intractable focal onset seizures
Treatment Phase: Continuing treatment
Clinical criteria:
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9335H NP	1	5	..	62.00	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

▪ LACOSAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Authority required (STREAMLINED)
17560
Intractable focal onset seizures
Treatment Phase: Continuing treatment
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14048J NP	‡12	5	..	*688.92	25.00	[a] LACOMED [DZ]	[a] Vimpat [UC]

lacosamide 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14053P NP	2	5	..	*159.34	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

lacosamide 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13951G NP	2	5	..	*209.34	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

▪ LACOSAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17515

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment Phase: Dose titration at the start of therapy, during therapy or to gradually cease treatment

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a paediatrician.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications prior to when the drug is/was first commenced, **AND**
- The treatment must be (for initiating treatment)/have been (for continuing treatment) in combination with at least one PBS-subsidised antiseizure medication at the time the drug is/was first commenced, **AND**
- The treatment must be for dose titration purposes.

lacosamide 100 mg tablet, 14

12633X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	26.27	25.00	[a] LACOMED [DZ] [a] Vimcosa [CR]	[a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]

lacosamide 150 mg tablet, 14

12649R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	32.22	25.00	[a] LACOMED [DZ] [a] Vimpat [UC]	[a] Vimcosa [CR]

▪ LACOSAMIDE

Note Requests for increases in the maximum quantity (packs) up to 3 times that stated may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17513

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a paediatrician; OR
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications prior to when the drug is/was first commenced, **AND**
- The treatment must be (for initiating treatment)/have been (for continuing treatment) in combination with at least one PBS-subsidised antiseizure medication at the time the drug is/was first commenced.

lacosamide 10 mg/mL oral liquid, 200 mL

12628P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*122.62	25.00	[a] LACOMED [DZ]	[a] Vimpat [UC]

▪ LACOSAMIDE

Note Requests for increases in the maximum quantity (packs) up to 3 times that stated may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17516

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a paediatrician; OR
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications prior to when the drug is/was first commenced, **AND**
- The treatment must have been in combination with at least one PBS-subsidised antiseizure medication at the time the drug was first commenced.

lacosamide 10 mg/mL oral liquid, 200 mL

14013M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡4	5	..	*235.88	25.00	[a] LACOMED [DZ]	[a] Vimpat [UC]

▪ LACOSAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Authority required (STREAMLINED)

17520

Intractable focal onset seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents.

Authority required (STREAMLINED)

17455

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11694L NP	‡6	5	..	*349.14	25.00	[a] LACOMED [DZ]	[a] Vimpat [UC]

lacosamide 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9337K NP	1	5	..	85.78	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

lacosamide 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9338L NP	1	5	..	109.59	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

▪ LACOSAMIDE

Note For dose titration involving the 100 mg or 150 mg strength, refer to the dose titration listing for these strengths with pack sizes of 14 units. Avoid prescribing a 'broken' quantity under this listing.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17516

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a paediatrician; OR
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications prior to when the drug is/was first commenced, **AND**
- The treatment must have been in combination with at least one PBS-subsidised antiseizure medication at the time the drug was first commenced.

lacosamide 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13839J NP	2	5	..	*109.64	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

lacosamide 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13838H	2	5	..	*159.34	25.00	[a] LACOMED [DZ]	[a] Lacosam [AF]

NP						[a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

lacosamide 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13949E NP	2	5	..	*209.34	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

lacosamide 50 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14049K NP	8	5	..	*61.96	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

▪ LACOSAMIDE

Note For dose titration involving the 100 mg or 150 mg strength, refer to the dose titration listing for these strengths with pack sizes of 14 units. Avoid prescribing a 'broken' quantity under this listing**.**

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

17513

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a paediatrician; OR
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications prior to when the drug is/was first commenced, **AND**
- The treatment must be (for initiating treatment)/have been (for continuing treatment) in combination with at least one PBS-subsidised antiseizure medication at the time the drug is/was first commenced.

lacosamide 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12634Y NP	1	5	..	62.00	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

lacosamide 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12627N NP	1	5	..	85.78	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

lacosamide 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12658F NP	1	5	..	109.59	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

lacosamide 50 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12626M NP	4	5	..	*38.16	25.00	[a] LACOMED [DZ] [a] Lacosamide ARX [XT] [a] Lacosamide Sandoz [SZ] [a] Vimpat [UC]	[a] Lacosam [AF] [a] Lacosamide Lupin [GQ] [a] Vimcosa [CR]

▪ LAMOTRIGINE

Restricted benefit

Bipolar disorder

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lamotrigine 100 mg tablet, 56

15343M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.54	24.08	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]3.45	25.99	24.08	[a] Lamictal [AS]	

lamotrigine 200 mg tablet, 56

15350X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	28.11	25.00	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]2.88	30.99	25.00	[a] Lamictal [AS]	

lamotrigine 25 mg tablet, 56

15338G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]4.08	22.68	20.14	[a] Lamictal [AS]	

lamotrigine 5 mg tablet, 56

15341K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	19.39	20.93	Lamictal [AS]

lamotrigine 50 mg tablet, 56

15349W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.31	20.85	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]3.44	22.75	20.85	[a] Lamictal [AS]	

▪ LAMOTRIGINE

Restricted benefit

Epileptic seizures

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lamotrigine 100 mg tablet, 56

2850B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.54	24.08	[a] APX-Lamotrigine [TY] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] LAMOTRIGINE-WGR [WG] [a] Reedos 100 [ZS]
			[B]3.45	25.99	24.08	[a] Lamictal [AS]	

lamotrigine 200 mg tablet, 56

2851C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	28.11	25.00	[a] APX-Lamotrigine [TY] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] LAMOTRIGINE-WGR [WG] [a] Reedos 200 [ZS]
			[B]2.88	30.99	25.00	[a] Lamictal [AS]	

lamotrigine 25 mg tablet, 56

2848X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APX-Lamotrigine [TY] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] LAMOTRIGINE-WGR [WG] [a] Reedos 25 [ZS]
			[B]4.08	22.68	20.14	[a] Lamictal [AS]	

lamotrigine 5 mg tablet, 56

8063J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	19.39	20.93	Lamictal [AS]

lamotrigine 50 mg tablet, 56

2849Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.31	20.85	[a] APX-Lamotrigine [TY] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] LAMOTRIGINE-WGR [WG] [a] Reedos 50 [ZS]
			[B]3.44	22.75	20.85	[a] Lamictal [AS]	

▪ LAMOTRIGINE

Restricted benefit

Epileptic seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lamotrigine 100 mg tablet, 56

14052N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*30.72	25.00	[a] APX-Lamotrigine [TY] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] LAMOTRIGINE-WGR [WG] [a] Reedos 100 [ZS]
			[B]6.90	*37.62	25.00	[a] Lamictal [AS]	

lamotrigine 200 mg tablet, 56

13843N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*41.86	25.00	[a] APX-Lamotrigine [TY] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] LAMOTRIGINE-WGR [WG] [a] Reedos 200 [ZS]
			[B]5.76	*47.62	25.00	[a] Lamictal [AS]	

lamotrigine 25 mg tablet, 56

13842M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] APX-Lamotrigine [TY] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] LAMOTRIGINE-WGR [WG] [a] Reedos 25 [ZS]
			[B]8.16	*31.00	24.38	[a] Lamictal [AS]	

lamotrigine 5 mg tablet, 56

14047H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*24.42	25.00	Lamictal [AS]

lamotrigine 50 mg tablet, 56

13975M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*24.26	25.00	[a] APX-Lamotrigine [TY] [a] Lamotrigine GH [GQ] [a] Logem [AL] [a] Sandoz Lamotrigine [HX]	[a] LAMITAN [RF] [a] LAMOTRIGINE-WGR [WG] [a] Reedos 50 [ZS]
			[B]6.88	*31.14	25.00	[a] Lamictal [AS]	

▪ LAMOTRIGINE

Restricted benefit

Bipolar disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lamotrigine 100 mg tablet, 56

15340J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*30.72	25.00	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]6.90	*37.62	25.00	[a] Lamictal [AS]	

lamotrigine 200 mg tablet, 56

15351Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*41.86	25.00	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]5.76	*47.62	25.00	[a] Lamictal [AS]	

lamotrigine 25 mg tablet, 56

15346Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.84	24.38	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]8.16	*31.00	24.38	[a] Lamictal [AS]	

lamotrigine 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15339H NP	2	5	..	*24.42	25.00	Lamictal [AS]

lamotrigine 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15342L NP	2	5	..	*24.26	25.00	[a] Lamotrigine GH [GQ]	[a] Sandoz Lamotrigine [HX]
			[B]6.88	*31.14	25.00	[a] Lamictal [AS]	

▪ LEVETIRACETAM

Restricted benefit

Epileptic seizures

Clinical criteria:

- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levetiracetam 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8656N NP	1	5	..	41.23	25.00	[a] APO-Levetiracetam [TX] [a] Levactam [ZS] [a] Levetiracetam SZ [SZ] [a] LEVETIRACETAM-WGR [WG]	[a] Keppra [UC] [a] Levetiracetam GH [GQ] [a] Levetiracetam Viatris [MQ] [a] Levi 1000 [RW]

levetiracetam 250 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8654L NP	1	5	..	21.85	23.39	[a] APO-Levetiracetam [TX] [a] Levactam [ZS] [a] Levetiracetam SZ [SZ] [a] LEVETIRACETAM-WGR [WG]	[a] Keppra [UC] [a] Levetiracetam GH [GQ] [a] Levetiracetam Viatris [MQ] [a] Levi 250 [RW]

levetiracetam 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8655M NP	1	5	..	26.83	25.00	[a] APO-Levetiracetam [TX] [a] Levactam [ZS] [a] Levetiracetam Mylan [AL] [a] Levetiracetam Viatris [MQ] [a] Levi 500 [RW]	[a] Keppra [UC] [a] Levetiracetam GH [GQ] [a] Levetiracetam SZ [SZ] [a] LEVETIRACETAM-WGR [WG]

▪ LEVETIRACETAM

Restricted benefit

Epileptic seizures

Clinical criteria:

- Patient must be unable to take a solid dose form of levetiracetam, **AND**
- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levetiracetam 100 mg/mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9169N NP	‡1	5	..	77.07	25.00	[a] APO-Levetiracetam [TX] [a] Kerron [ZS] [a] Levetiracetam GH [GQ]	[a] Keppra [UC] [a] Levetiracetam-AFT [AE]

▪ LEVETIRACETAM

Restricted benefit

Epileptic seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levetiracetam 1 g tablet, 60

13937M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*68.10	25.00	[a] APO-Levetiracetam [TX] [a] Levactam [ZS] [a] Levetiracetam SZ [SZ] [a] LEVETIRACETAM-WGR [WG]	[a] Keppra [UC] [a] Levetiracetam GH [GQ] [a] Levetiracetam Viatris [MQ] [a] Levi 1000 [RW]

levetiracetam 250 mg tablet, 60

13992K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*29.34	25.00	[a] APO-Levetiracetam [TX] [a] Levactam [ZS] [a] Levetiracetam SZ [SZ] [a] LEVETIRACETAM-WGR [WG]	[a] Keppra [UC] [a] Levetiracetam GH [GQ] [a] Levetiracetam Viatris [MQ] [a] Levi 250 [RW]

levetiracetam 500 mg tablet, 60

14034P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*39.30	25.00	[a] APO-Levetiracetam [TX] [a] Levactam [ZS] [a] Levetiracetam Mylan [AL] [a] Levetiracetam Viatris [MQ] [a] Levi 500 [RW]	[a] Keppra [UC] [a] Levetiracetam GH [GQ] [a] Levetiracetam SZ [SZ] [a] LEVETIRACETAM-WGR [WG]

▪ LEVETIRACETAM

Restricted benefit

Epileptic seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be unable to take a solid dose form of levetiracetam, **AND**
- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levetiracetam 100 mg/mL oral liquid, 300 mL

13993L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*141.06	25.00	[a] APO-Levetiracetam [TX] [a] Kerron [ZS] [a] Levetiracetam GH [GQ]	[a] Keppra [UC] [a] Levetiracetam-AFT [AE]

▪ PERAMPANEL

Authority required (STREAMLINED)

17517

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug.

perampanel 6 mg tablet, 28

10163X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	213.39	25.00	Fycompa [EI]

perampanel 8 mg tablet, 28

10160R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	281.37	25.00	Fycompa [EI]

perampanel 10 mg tablet, 28

10151G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	281.37	25.00	Fycompa [EI]

perampanel 12 mg tablet, 28

10159Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	281.37	25.00	Fycompa [EI]

perampanel 4 mg tablet, 28

10162W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	145.38	25.00	Fycompa [EI]

▪ PERAMPANEL

Authority required (STREAMLINED)

17577

Intractable focal onset seizures

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with two or more antiseizure medications which include one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other antiseizure medications, which include at least one first-line antiseizure agent and at least two second-line adjunctive antiseizure agents.

Treatment criteria:

- Must be treated by a neurologist.

perampanel 2 mg tablet, 7

10157N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*46.74	25.00	Fycompa [EI]

▪ PERAMPANEL

Authority required (STREAMLINED)

17481

Intractable focal onset seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously been issued with an authority prescription for this drug.

perampanel 6 mg tablet, 28

14010J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*417.42	25.00	Fycompa [EI]

perampanel 8 mg tablet, 28

13970G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*553.38	25.00	Fycompa [EI]

perampanel 10 mg tablet, 28

13914H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*553.38	25.00	Fycompa [EI]

perampanel 12 mg tablet, 28

13865R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*553.38	25.00	Fycompa [EI]

perampanel 4 mg tablet, 28

13948D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*281.40	25.00	Fycompa [EI]

▪ PERAMPANEL

Note No increase in the maximum quantity or number of units may be authorised.

Authority required (STREAMLINED)

17570

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two antiseizure medications, **AND**
- The treatment must be in combination with at least one PBS-subsidised antiseizure medication.

Population criteria:

- Patient must be aged 12 years or older.

perampanel 2 mg tablet, 7

11436X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*46.74	25.00	Fycompa [EI]

▪ PERAMPANEL

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7789

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must be aged 12 years or older.

perampanel 6 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11407J NP	1	2	..	213.39	25.00	Fycompa [EI]

perampanel 8 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11429M NP	1	5	..	281.37	25.00	Fycompa [EI]

perampanel 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11428L NP	1	5	..	281.37	25.00	Fycompa [EI]

perampanel 12 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11409L NP	1	5	..	281.37	25.00	Fycompa [EI]

perampanel 4 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11418Y NP	1	2	..	145.38	25.00	Fycompa [EI]

▪ PERAMPANEL

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14847

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must be aged 12 years or older.

perampanel 6 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14046G NP	2	5	..	*417.42	25.00	Fycompa [EI]

perampanel 8 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13915J NP	2	5	..	*553.38	25.00	Fycompa [EI]

perampanel 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13971H NP	2	5	..	*553.38	25.00	Fycompa [EI]

perampanel 12 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14012L NP	2	5	..	*553.38	25.00	Fycompa [EI]

perampanel 4 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13864Q NP	2	5	..	*281.40	25.00	Fycompa [EI]

▪ STIRIPENTOL

Authority required (STREAMLINED)

17456

Severe myoclonic epilepsy in infancy (Dravet syndrome)

Clinical criteria:

- Patient must have (as an initiating patient)/have had (as a continuing patient), generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other antiseizure medications, **AND**
- The treatment must be as adjunctive therapy to at least two other antiseizure medications.

Treatment criteria:

- Must be treated by a neurologist if treatment is being initiated; OR
- Must be treated by a neurologist if treatment is being continued or re-initiated; OR
- Must be treated by a paediatrician in consultation with a neurologist if treatment is being continued; OR
- Must be treated by a general practitioner in consultation with a neurologist if treatment is being continued.

stiripentol 250 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12103B	2	3	..	*651.12	25.00	Diacomit [EU]

stiripentol 250 mg powder for oral liquid, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12106E	2	3	..	*651.12	25.00	Diacomit [EU]

stiripentol 500 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12107F	2	3	..	*1292.88	25.00	Diacomit [EU]

stiripentol 500 mg powder for oral liquid, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12088F	2	3	..	*1292.88	25.00	Diacomit [EU]

▪ SULTHIAME

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sulthiame 200 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2100M NP	1	2	..	159.58	25.00	Ospolot [FF]

sulthiame 50 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2099L NP	1	2	..	68.84	25.00	Ospolot [FF]

▪ SULTHIAME

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sulthiame 200 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14016Q NP	2	2	..	*309.80	25.00	Ospolot [FF]

sulthiame 50 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13916K NP	2	2	..	*123.76	25.00	Ospolot [FF]

▪ TOPIRAMATE

Authority required (STREAMLINED)

17487

Seizures

Clinical criteria:

- Patient must have focal onset seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

topiramate 200 mg tablet, 60

8166T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.87	25.00	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topiramate Sandoz [SZ]	[a] Epiramax 200 [RW] [a] Tamate [AF] [a] TOPIRAMATE-WGR [WG]

▪ TOPIRAMATE

Authority required (STREAMLINED)

17488

Seizures

Clinical criteria:

- Patient must have focal onset seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication, **AND**
- Patient must be unable to take a solid dose form of topiramate.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

topiramate 15 mg capsule, 60

8371N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	25.33	25.00	Topamax Sprinkle [JC]

topiramate 25 mg capsule, 60

8372P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	23.39	24.93	Topamax Sprinkle [JC]

topiramate 50 mg capsule, 60

8520K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	29.42	25.00	Topamax Sprinkle [JC]

▪ TOPIRAMATE

Authority required (STREAMLINED)

17525

Seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have focal onset seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication, **AND**
- Patient must be unable to take a solid dose form of topiramate.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

topiramate 15 mg capsule, 60

14063E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*36.30	25.00	Topamax Sprinkle [JC]

topiramate 25 mg capsule, 60

13905W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*32.42	25.00	Topamax Sprinkle [JC]

topiramate 50 mg capsule, 60

13878K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*44.48	25.00	Topamax Sprinkle [JC]

▪ TOPIRAMATE

Authority required (STREAMLINED)

17562

Seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have focal onset seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

topiramate 200 mg tablet, 60

14009H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*43.38	25.00	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topiramate Sandoz [SZ]	[a] Epiramax 200 [RW] [a] Tamate [AF] [a] TOPIRAMATE-WGR [WG]

▪ TOPIRAMATE

Authority required (STREAMLINED)

17487

Seizures

Clinical criteria:

- Patient must have focal onset seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

5325

Migraine

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must have experienced an average of 3 or more migraines per month over a period of at least 6 months, **AND**
- Patient must have a contraindication to beta-blockers, as described in the relevant TGA-approved Product Information; OR
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with a beta-blocker, **AND**
- Patient must have a contraindication to pizotifen because the weight gain associated with this drug poses an unacceptable risk; OR
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with pizotifen.

Details of the contraindication and/or intolerance(s) must be documented in the patient's medical records when treatment is initiated.

topiramate 100 mg tablet, 60

8165R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.99	24.53	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topiramate Sandoz [SZ]	[a] Epiramax 100 [RW] [a] Tamate [AF] [a] TOPIRAMATE-WGR [WG]

topiramate 25 mg tablet, 60

8163P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topiramate Sandoz [SZ]	[a] Epiramax 25 [RW] [a] Tamate [AF] [a] TOPIRAMATE-WGR [WG]

topiramate 50 mg tablet, 60

8164Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.86	21.40	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topiramate Sandoz [SZ]	[a] Epiramax 50 [RW] [a] Tamate [AF] [a] TOPIRAMATE-WGR [WG]

▪ TOPIRAMATE

Authority required (STREAMLINED)

17562

Seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have focal onset seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

14901

Migraine

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for prophylaxis, **AND**
- Patient must have experienced an average of 3 or more migraines per month over a period of at least 6 months, **AND**
- Patient must have a contraindication to beta-blockers, as described in the relevant TGA-approved Product Information; OR
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with a beta-blocker, **AND**
- Patient must have a contraindication to pizotifen because the weight gain associated with this drug poses an unacceptable risk; OR
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with pizotifen.

Details of the contraindication and/or intolerance(s) must be documented in the patient's medical records when treatment is initiated.

topiramate 100 mg tablet, 60

14008G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*31.62	25.00	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topiramate Sandoz [SZ]	[a] Epiramax 100 [RW] [a] Tamate [AF] [a] TOPIRAMATE-WGR [WG]

topiramate 25 mg tablet, 60

13969F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topiramate Sandoz [SZ]	[a] Epiramax 25 [RW] [a] Tamate [AF] [a] TOPIRAMATE-WGR [WG]

topiramate 50 mg tablet, 60

13913G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*25.36	25.00	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topiramate Sandoz [SZ]	[a] Epiramax 50 [RW] [a] Tamate [AF] [a] TOPIRAMATE-WGR [WG]

▪ ZONISAMIDE

Authority required (STREAMLINED)

17445

Focal onset seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

zonisamide 100 mg capsule, 56

9390F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*74.70	25.00	Zonegran [GH]

zonisamide 25 mg capsule, 56

9388D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	25.22	25.00	Zonegran [GH]

zonisamide 50 mg capsule, 56

9389E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	32.47	25.00	Zonegran [GH]

▪ ZONISAMIDE

Authority required (STREAMLINED)

17444

Focal onset seizures

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have failed to be controlled satisfactorily by at least one other antiseizure medication.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

zonisamide 100 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13854E NP	4	5	..	*136.08	25.00	Zonegran [GH]

zonisamide 25 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13853D NP	2	5	..	*36.08	25.00	Zonegran [GH]

zonisamide 50 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13988F NP	2	5	..	*50.58	25.00	Zonegran [GH]

▪ ANTI-PARKINSON DRUGS

ANTICHOLINERGIC AGENTS

Tertiary amines

▪ TRIHEXYPHENIDYL

trihexyphenidyl (benzhexol) hydrochloride 2 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1109J NP	1	2	..	19.40	20.94	Artane [RW]

trihexyphenidyl (benzhexol) hydrochloride 5 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1110K NP	1	1	..	23.01	24.55	Artane [RW]

Ethers of tropine or tropine derivatives

▪ BENZATROPINE

benzatropine mesilate 2 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2362H NP	1	2	..	19.05	20.59	Benztrop [FF]

benzatropine mesilate 2 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11249C DP	1	..	..	116.21	25.00	Benzatropine Injection [FF]

benzatropine mesilate 2 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11255J NP	1	..	..	116.21	25.00	Benzatropine Injection [FF]

DOPAMINERGIC AGENTS

Dopa and dopa derivatives

▪ FOSLEVODOPA + FOSCARBIDOPA

Note Special Pricing Arrangements apply.

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

Authority required (STREAMLINED)

16812

Advanced Parkinson disease

Treatment criteria:

- Must be treated by a specialist physician; OR
- Must be treated by a physician who has consulted a specialist physician with expertise in the management of Parkinson's disease.

Clinical criteria:

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy.

foslevodopa 2.4 g/10 mL + foscarbidopa 120 mg/10 mL injection, 7 x 10 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14887M	4	5	..	*5277.56	25.00	Vyalev [VE]

▪ FOSLEVODOPA + FOSCARBIDOPA

Note Special Pricing Arrangements apply.

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

Authority required (STREAMLINED)

16882

Advanced Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- The treatment must have been commenced by a specialist physician; OR
- The treatment must have been commenced by a physician who has consulted a specialist physician with expertise in the management of Parkinson's disease, **AND**
- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy.

foslevodopa 2.4 g/10 mL + foscarbidopa 120 mg/10 mL injection, 7 x 10 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14896B NP	4	5	..	*5277.56	25.00	Vyalev [VE]

▪ FOSLEVODOPA + FOSCARBIDOPA

Note Special Pricing Arrangements apply.

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

Authority required (STREAMLINED)

16951

Advanced Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- The treatment must have been commenced by a specialist physician; OR
- The treatment must have been commenced by a physician who has consulted a specialist physician with expertise in the management of Parkinson's disease, **AND**
- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must require continuous administration of foslevodopa without an overnight break; OR
- Patient must require a total daily dose of more than 2,400 mg of foslevodopa.

foslevodopa 2.4 g/10 mL + foscarbidopa 120 mg/10 mL injection, 7 x 10 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14876Y NP	8	5	..	*10445.80	25.00	Vyalev [VE]

▪ FOSLEVODOPA + FOSCARBIDOPA

Note Special Pricing Arrangements apply.

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

Authority required (STREAMLINED)

16853

Advanced Parkinson disease

Treatment criteria:

- Must be treated by a specialist physician; OR
- Must be treated by a physician who has consulted a specialist physician with expertise in the management of Parkinson's disease.

Clinical criteria:

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must require continuous administration of foslevodopa without an overnight break; OR
- Patient must require a total daily dose of more than 2,400 mg of foslevodopa.

foslevodopa 2.4 g/10 mL + foscarbidopa 120 mg/10 mL injection, 7 x 10 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14886L	8	5	..	*10445.80	25.00	Vyalev [VE]

▪ LEVODOPA + BENSERAZIDE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 100 mg + benserazide 25 mg modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2231K NP	1	5	..	33.41	25.00	Madopar HBS [RO]

levodopa 200 mg + benserazide 50 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2226E NP	1	5	..	39.61	25.00	Madopar [RO]

levodopa 50 mg + benserazide 12.5 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2227F NP	1	5	..	25.72	25.00	Madopar 62.5 [RO]

levodopa 100 mg + benserazide 25 mg dispersible tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8219N NP	1	5	..	35.51	25.00	Madopar Rapid 125 [RO]

levodopa 50 mg + benserazide 12.5 mg dispersible tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8218M NP	1	5	..	25.72	25.00	Madopar Rapid 62.5 [RO]

levodopa 100 mg + benserazide 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2229H NP	1	5	..	29.95	25.00	Madopar 125 [RO]

levodopa 200 mg + benserazide 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2228G NP	1	5	..	39.61	25.00	Madopar [RO]

levodopa 100 mg + benserazide 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2225D NP	1	5	..	29.95	25.00	Madopar 125 [RO]

▪ LEVODOPA + BENSERAZIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 100 mg + benserazide 25 mg modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14525L NP	2	5	..	*52.46	25.00	Madopar HBS [RO]

levodopa 200 mg + benserazide 50 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14551W NP	2	5	..	*64.86	25.00	Madopar [RO]

levodopa 50 mg + benserazide 12.5 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14388G NP	2	5	..	*37.08	25.00	Madopar 62.5 [RO]

levodopa 100 mg + benserazide 25 mg dispersible tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14552X NP	2	5	..	*56.66	25.00	Madopar Rapid 125 [RO]

levodopa 50 mg + benserazide 12.5 mg dispersible tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14356N NP	2	5	..	*37.08	25.00	Madopar Rapid 62.5 [RO]

levodopa 100 mg + benserazide 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14455T NP	2	5	..	*45.54	25.00	Madopar 125 [RO]

levodopa 200 mg + benserazide 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14428J NP	2	5	..	*64.86	25.00	Madopar [RO]

levodopa 100 mg + benserazide 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14387F NP	2	5	..	*45.54	25.00	Madopar 125 [RO]

▪ LEVODOPA + CARBIDOPA

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 100 mg + carbidopa 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1242J NP	1	5	..	32.77	25.00	[a] APO-Levodopa/Carbidopa [TX] [a] ORIDOPA 100/25 [OX] [a] Sinemet 100/25 [AL]	[a] Kinson [AF] [a] SINADOPA 100/25 [RW]

levodopa 250 mg + carbidopa 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1245M NP	1	5	..	37.07	25.00	[a] APO-Levodopa/Carbidopa [TX] [a] Sinemet [AL]	[a] SINADOPA 250/25 [RW]

▪ LEVODOPA + CARBIDOPA

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be one in which fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 200 mg + carbidopa 50 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1255C NP	1	5	..	68.54	25.00	Sinemet CR [AL]

▪ LEVODOPA + CARBIDOPA

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be one in which fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 200 mg + carbidopa 50 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14322T NP	2	5	..	*123.14	25.00	Sinemet CR [AL]

▪ LEVODOPA + CARBIDOPA

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 100 mg + carbidopa 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14427H NP	2	5	..	*51.18	25.00	[a] APO-Levodopa/Carbidopa [TX] [a] ORIDOPA 100/25 [OX] [a] Sinemet 100/25 [AL]	[a] Kinson [AF] [a] SINADOPA 100/25 [RW]

levodopa 250 mg + carbidopa 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14454R NP	2	5	..	*59.78	25.00	[a] APO-Levodopa/Carbidopa [TX] [a] Sinemet [AL]	[a] SINADOPA 250/25 [RW]

▪ LEVODOPA + CARBIDOPA

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10197

Advanced Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must have been commenced on treatment in a hospital-based movement disorder clinic.

levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11919H NP	4	5	..	*6084.72	25.00	Duodopa [VE]

▪ LEVODOPA + CARBIDOPA

Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10386

Advanced Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must have been commenced on treatment in a hospital-based movement disorder clinic, **AND**
- Patient must require continuous administration of levodopa without an overnight break; OR
- Patient must require a total daily dose of more than 2000 mg of levodopa.

levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8970D NP	8	5	..	*12060.12	25.00	Duodopa [VE]

▪ LEVODOPA + CARBIDOPA + ENTACAPONE

Restricted benefit

Parkinson disease

Clinical criteria:

- Patient must be being treated with levodopa decarboxylase inhibitor combinations, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Parkinson disease

Clinical criteria:

- Patient must be stabilised on concomitant treatment with levodopa decarboxylase inhibitor combinations and entacapone.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 150 mg + carbidopa 37.5 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8799D NP	2	4	..	*115.20	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 150/37.5/200mg [SZ]

levodopa 200 mg + carbidopa 50 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9292C NP	2	4	..	*123.60	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 200/50/200mg [SZ]

levodopa 50 mg + carbidopa 12.5 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8797B NP	2	4	..	*97.72	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 50/12.5/200mg [SZ]

levodopa 75 mg + carbidopa 18.75 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9344T NP	2	4	..	*101.56	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 75/18.75/200mg [SZ]

levodopa 100 mg + carbidopa 25 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8798C NP	2	4	..	*106.44	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 100/25/200mg [SZ]

levodopa 125 mg + carbidopa 31.25 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9345W NP	2	4	..	*109.92	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 125/31.25/200mg [SZ]

▪ LEVODOPA + CARBIDOPA + ENTACAPONE

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be being treated with levodopa decarboxylase inhibitor combinations, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on concomitant treatment with levodopa decarboxylase inhibitor combinations and entacapone.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

levodopa 150 mg + carbidopa 37.5 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14357P NP	4	4	..	*221.04	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 150/37.5/200mg [SZ]

levodopa 200 mg + carbidopa 50 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14457X NP	4	4	..	*237.84	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 200/50/200mg [SZ]

levodopa 50 mg + carbidopa 12.5 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14456W NP	4	4	..	*184.40	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 50/12.5/200mg [SZ]

levodopa 75 mg + carbidopa 18.75 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14498C NP	4	4	..	*192.48	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 75/18.75/200mg [SZ]

levodopa 100 mg + carbidopa 25 mg + entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14554B NP	4	4	..	*202.72	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 100/25/200mg [SZ]

levodopa 125 mg + carbidopa 31.25 mg + entacapone 200 mg tablet, 100

14527N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	4	..	*210.04	25.00	[a] Carlevent [TX] [a] Lecteva [TB]	[a] L.C.E. Sandoz [HX] [a] Stalevo 125/31.25/200mg [SZ]

Adamantane derivatives

▪ AMANTADINE

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must not be drug induced.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

amantadine hydrochloride 100 mg capsule, 100

3016R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	34.82	25.00	[a] AMANTAMED [DZ]	[a] Symmetrel 100 [NV]

▪ AMANTADINE

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be drug induced.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

amantadine hydrochloride 100 mg capsule, 100

14486K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*55.28	25.00	[a] AMANTAMED [DZ]	[a] Symmetrel 100 [NV]

Dopamine agonists

▪ APOMORPHINE

Authority required (STREAMLINED)

10844

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL vials

12142C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	18	5	..	*7855.98	25.00	Apomine Solution for Infusion [IT]

apomorphine hydrochloride hemihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

12306Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	36	5	..	*6398.16	25.00	Movapo [TD]

apomorphine hydrochloride hemihydrate 50 mg/10 mL injection, 5 x 10 mL syringes

12319J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	36	5	..	*8471.40	25.00	Movapo PFS [TD]

Apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL cartridges

15118Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	18	5	..	*7855.98	25.00	MOVAPO POD [TD]

▪ APOMORPHINE

Authority required (STREAMLINED)

15542

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14375N NP	36	5	..	*15602.64	25.00	Apomine Solution for Infusion [IT]

apomorphine hydrochloride hemihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14407G NP	72	5	..	*12687.00	25.00	Movapo [TD]

apomorphine hydrochloride hemihydrate 50 mg/10 mL injection, 5 x 10 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14377Q NP	72	5	..	*16833.48	25.00	Movapo PFS [TD]

Apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15121W NP	36	5	..	*15602.64	25.00	MOVAPO POD [TD]

▪ APOMORPHINE

Note Pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL pen device and pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL cartridge are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required (STREAMLINED)

10844

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12137T NP	20	5	..	*2808.64	25.00	[a] Movapo Pen [TD]

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12133N NP	20	5	..	*2808.64	25.00	[a] Apomine Intermittent [IT]

▪ APOMORPHINE

Note Pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL pen device and pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL cartridge are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required (STREAMLINED)

15542

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14485J NP	40	5	..	*5507.64	25.00	[a] Movapo Pen [TD]

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14309D NP	40	5	..	*5507.64	25.00	[a] Apomine Intermittent [IT]

▪ BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Acromegaly

Restricted benefit
Parkinson disease
Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- Patient must be one in whom surgery is not indicated.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- Patient must have had radiotherapy for this condition with incomplete resolution.

bromocriptine 2.5 mg tablet, 30

1443Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*33.06	25.00	Parlodel [SZ]

▪ BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit
Acromegaly
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit
Parkinson disease
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom surgery is not indicated.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit
Pathological hyperprolactinaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had radiotherapy for this condition with incomplete resolution.

bromocriptine 2.5 mg tablet, 30

13979R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*51.76	25.00	Parlodel [SZ]

▪ CABERGOLINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Parkinson disease

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cabergoline 1 mg tablet, 30

8393R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	40.25	25.00	Cabaser [PF]

cabergoline 2 mg tablet, 30

8394T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	49.06	25.00	Cabaser [PF]

▪ CABERGOLINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cabergoline 1 mg tablet, 30

14516B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*66.14	25.00	Cabaser [PF]

cabergoline 2 mg tablet, 30

14543K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*83.76	25.00	Cabaser [PF]

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Parkinson disease

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

pramipexole dihydrochloride monohydrate 1 mg tablet, 100

9153R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	76.94	25.00	[a] APO-Pramipexole [TX] [a] Simipex 1 [RW]	[a] Sifrol [BY] [a] Simpral [AF]

pramipexole dihydrochloride monohydrate 125 microgram tablet, 30

9151P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.64	19.18	[a] APO-Pramipexole [TX] [a] Simpral [AF]	[a] Simipex 0.125 [RW]
		[B]3.54	21.18	19.18	[a] Sifrol [BY]	

pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

9152Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.70	25.00	[a] APO-Pramipexole [TX] [a] Simpral [AF]	[a] Simipex 0.25 [RW]
		[B]3.65	32.35	25.00	[a] Sifrol [BY]	

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

pramipexole dihydrochloride monohydrate 1 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14532W NP	2	5	..	*140.78	25.00	[a] APO-Pramipexole [TX] [a] Simipex 1 [RW]	[a] Sifrol [BY] [a] Simpral [AF]

pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14329E NP	2	5	..	*43.04	25.00	[a] APO-Pramipexole [TX] [a] Simpral [AF]	[a] Simipex 0.25 [RW]
			[B]7.30	*50.34	25.00	[a] Sifrol [BY]	

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Parkinson disease

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

pramipexole dihydrochloride monohydrate 3 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3421C NP	1	5	..	78.99	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 375 microgram modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3418X NP	1	5	..	21.89	23.43	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 750 microgram modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3419Y NP	1	5	..	29.17	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 1.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3420B NP	1	5	..	43.98	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 2.25 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5143Q NP	1	5	..	58.79	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 3.75 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5145T NP	1	5	..	93.79	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 4.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3422D NP	1	5	..	111.31	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

pramipexole dihydrochloride monohydrate 3 mg modified release tablet, 30

14460C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*145.08	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 375 microgram modified release tablet, 30

14324X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*29.42	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 750 microgram modified release tablet, 30

14459B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*43.98	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 1.5 mg modified release tablet, 30

14360T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*73.60	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 2.25 mg modified release tablet, 30

14556D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*103.22	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 3.75 mg modified release tablet, 30

14461D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*176.16	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 4.5 mg modified release tablet, 30

14325Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*212.96	25.00	[a] Sifrol ER [BY]	[a] SIMIPEX XR [RW]

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note This drug is not PBS-subsidised for Restless Legs Syndrome secondary to other causes

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Primary severe restless legs syndrome

Clinical criteria:

- Patient must manifest all 4 diagnostic criteria for Restless Legs Syndrome, **AND**
- Patient must have a baseline International Restless Legs Syndrome Rating Scale (IRLSRS) score greater than or equal to 21 points prior to initiation of pramipexole.

The date and IRLSRS score must be documented in the patient's medical records at the time pramipexole treatment is initiated.

The diagnostic criteria for Restless Legs Syndrome are:

(a) An urge to move the legs usually accompanied or caused by unpleasant sensations in the legs; and

(b) The urge to move or unpleasant sensations begin or worsen during periods of rest or inactivity such as lying or sitting; and

(c) The urge to move or unpleasant sensations are partially or totally relieved by movement, such as walking or stretching, at least as long as the activity continues; and

(d) The urge to move or unpleasant sensations are worse in the evening or night than during the day or only occur during the evening or night.

pramipexole dihydrochloride monohydrate 125 microgram tablet, 30

9393J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	17.64	19.18	[a] APO-Pramipexole [TX] [a] Simpral [AF]	[a] Simipex 0.125 [RW]
			[B]3.54	21.18	19.18	[a] Sifrol [BY]	

pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

9394K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	28.70	25.00	[a] APO-Pramipexole [TX] [a] Simpral [AF]	[a] Simipex 0.25 [RW]

[B]3.65	32.35	25.00	[a] Sifrol [BY]	

▪ ROTIGOTINE

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

rotigotine 8 mg/24 hours patch, 28

11140H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	109.20	25.00	Neupro [UC]

rotigotine 2 mg/24 hours patch, 28

2385M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	70.74	25.00	Neupro [UC]

rotigotine 4 mg/24 hours patch, 28

2384L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	89.53	25.00	Neupro [UC]

rotigotine 6 mg/24 hours patch, 28

2410W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	99.66	25.00	Neupro [UC]

▪ ROTIGOTINE

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

Treatment criteria:

- Must be treated by a medical practitioner; OR
- Must be treated by a nurse practitioner where both of the following are occurring: (i) patient care is being shared with a medical practitioner, (ii) the prescription continues existing therapy with this medicine.

rotigotine 8 mg/24 hours patch, 28

14359R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*208.52	25.00	Neupro [UC]

rotigotine 2 mg/24 hours patch, 28

14327C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*127.76	25.00	Neupro [UC]

rotigotine 4 mg/24 hours patch, 28

14326B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*167.22	25.00	Neupro [UC]

rotigotine 6 mg/24 hours patch, 28

14431M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*188.50	25.00	Neupro [UC]

Monoamine oxidase B inhibitors

▪ RASAGILINE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Parkinson disease

rasagiline 1 mg tablet, 30

1952R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	29.56	25.00	[a] Alziras [RW] [a] Rasagiline Lupin [HQ]	[a] Pharmacor Rasagiline [CR] [a] Rasagiline-Teva [EV]
		[B]1.94	31.50	25.00	[a] Azilect [TB]	

▪ RASAGILINE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Parkinson disease
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

rasagiline 1 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14458Y NP	2	5	..	*44.76	25.00	[a] Alziras [RW] [a] Rasagiline Lupin [HQ]	[a] Pharmacor Rasagiline [CR] [a] Rasagiline-Teva [EV]
			[B]3.88	*48.64	25.00	[a] Azilect [TB]	

▪ SAFINAMIDE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Parkinson disease
Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

safinamide 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11656L NP	1	5	..	50.55	25.00	[a] ARX-Safinamide [XT] [a] XAFIMED [DZ]	[a] Xadago [IX]

safinamide 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11666B NP	1	5	..	86.72	25.00	[a] ARX-Safinamide [XT] [a] XAFIMED [DZ]	[a] Xadago [IX]

▪ SAFINAMIDE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Parkinson disease
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

safinamide 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14391K NP	2	5	..	*86.74	25.00	[a] ARX-Safinamide [XT] [a] XAFIMED [DZ]	[a] Xadago [IX]

safinamide 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14528P NP	2	5	..	*161.32	25.00	[a] ARX-Safinamide [XT] [a] XAFIMED [DZ]	[a] Xadago [IX]

▪ SELEGILINE

Restricted benefit
Late stage Parkinson disease
Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

selegiline hydrochloride 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1973W NP	1	5	..	53.46	25.00	Eldepryl [OX]

▪ SELEGILINE

Restricted benefit
Late stage Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

selegiline hydrochloride 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14430L NP	2	5	..	*92.56	25.00	Eldepryl [OX]

Other dopaminergic agents

▪ ENTACAPONE

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8367J NP	2	4	..	*175.00	25.00	Comtan [SZ]

▪ ENTACAPONE

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

entacapone 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14542J NP	4	4	..	*340.64	25.00	Comtan [SZ]

▪ OPICAPONE

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

opicapone 50 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13206C NP	1	5	..	148.31	25.00	Ongentys [XY]

▪ OPICAPONE

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination, **AND**
- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

opicapone 50 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15268N NP	2	5	..	*287.26	25.00	Ongentys [XY]

▪ PSYCHOLEPTICS

ANTIPSYCHOTICS

Phenothiazines with aliphatic side-chain

▪ CHLORPROMAZINE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1195X NP	1	..	..	34.72	25.00	Largactil [IX]

chlorpromazine hydrochloride 5 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1201F NP	‡1	5	..	25.47	25.00	Largactil [IX]

chlorpromazine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1199D NP	1	5	..	28.99	25.00	Largactil [IX]

chlorpromazine hydrochloride 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1197B NP	1	5	..	19.18	20.72	Largactil [IX]

Phenothiazines with piperidine structure

▪ PERICIAZINE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

periciazine 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3053Q NP	1	5	..	23.04	24.58	Neulactil [IX]

periciazine 2.5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3052P NP	1	5	..	19.16	20.70	Neulactil [IX]

Butyrophenone derivatives

▪ HALOPERIDOL

haloperidol 5 mg/mL injection, 10 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2768Q NP	1	..	..	25.23	25.00	[a] HALOPERIDOL MEDSURGE [DZ]	[a] Serenace [AS]

haloperidol 2 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2763K NP	‡1	5	..	24.56	25.00	Serenace [AS]

haloperidol 1.5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2767P NP	1	5	..	18.01	19.55	Serenace [AS]

haloperidol 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2770T NP	1	5	..	17.87	19.41	Serenace [AS]

haloperidol 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2761H NP	1	5	..	17.66	19.20	Serenace [AS]

▪ HALOPERIDOL DECANOATE

haloperidol (as decanoate) 150 mg/3 mL injection, 5 x 3 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2766N NP	1	..	..	46.36	25.00	Haldol decanoate [IX]

haloperidol (as decanoate) 50 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2765M NP	1	..	..	30.32	25.00	Haldol decanoate [IX]

Indole derivatives

▪ LURASIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

lurasidone hydrochloride 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10526B NP	1	5	..	29.50	25.00	[a] APO-Lurasidone [TX] [a] Lurasidone Lupin [GQ] [a] LURASIDONE SUN [RA] [a] Pharmacor Lurasidone [CR]	[a] Lavione [AF] [a] Lurasidone Sandoz [SZ] [a] LURASIDONE-WGR [WG]

lurasidone hydrochloride 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10529E NP	1	5	..	44.65	25.00	[a] APO-Lurasidone [TX] [a] Lurasidone Lupin [GQ] [a] LURASIDONE SUN [RA] [a] Pharmacor Lurasidone [CR]	[a] Lavione [AF] [a] Lurasidone Sandoz [SZ] [a] LURASIDONE-WGR [WG]

▪ ZIPRASIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5742

Acute mania or mixed episodes

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must be limited to up to 6 months per episode.

ziprasidone 20 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9070J NP	1	5	..	43.05	25.00	[a] Zeldox [GO] [a] ZIPROX [RW]	[a] Ziprasidone GH [GQ]

ziprasidone 40 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9071K NP	1	5	..	71.85	25.00	[a] Zeldox [GO] [a] ZIPROX [RW]	[a] Ziprasidone GH [GQ]

ziprasidone 60 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9072L NP	1	5	..	100.27	25.00	[a] Zeldox [GO] [a] ZIPROX [RW]	[a] Ziprasidone GH [GQ]

ziprasidone 80 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9073M NP	1	5	..	129.81	25.00	[a] Zeldox [GO] [a] ZIPROX [RW]	[a] Ziprasidone GH [GQ]

Thioxanthene derivatives

▪ FLUPENTIXOL DECANOATE

flupentixol decanoate 100 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2257T NP	1	..	..	50.59	25.00	Fluanxol Concentrated Depot [LU]

flupentixol decanoate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2255Q NP	1	..	..	26.24	25.00	Fluanxol Depot [LU]

▪ ZUCLOPENTHIXOL DECANOATE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

zuclopenthixol decanoate 200 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8097E NP	1	..	..	31.91	25.00	Clopixol Depot [LU]

Diazepines, oxazepines, thiazepines and oxepines

▪ ASENAPINE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5773

Acute mania or mixed episodes

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be limited to up to 6 months per episode.

Authority required (STREAMLINED)

5719

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- The treatment must be as monotherapy.

asenapine 10 mg sublingual wafer, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5141N NP	1	5	..	219.21	25.00	Saphris [OQ]

asenapine 5 mg sublingual wafer, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5140M NP	1	5	..	135.24	25.00	Saphris [OQ]

▪ OLANZAPINE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5869
Bipolar I disorder
Clinical criteria:
- The treatment must be maintenance therapy.

olanzapine 2.5 mg tablet, 28

8170B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.68	19.22	[a] APO-OLANZAPINE [TX] [a] Olanzapine Sandoz [SZ] [a] PRYZEX [RW]	[a] Olanzapine RBX [RA] [a] Ozin 2.5 [ZS] [a] Zypine [AF]
			[B]7.66	25.34	19.22	[a] Zyprexa [PB]	

olanzapine 5 mg tablet, 28

8185T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-OLANZAPINE [TX] [a] Olanzapine Sandoz [SZ] [a] PRYZEX [RW]	[a] Olanzapine RBX [RA] [a] Ozin 5 [ZS] [a] Zypine [AF]
			[B]9.90	28.50	20.14	[a] Zyprexa [PB]	

olanzapine 7.5 mg tablet, 28

8186W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.36	20.90	[a] APO-OLANZAPINE [TX] [a] Olanzapine Sandoz [SZ] [a] PRYZEX [RW]	[a] Olanzapine RBX [RA] [a] Ozin 7.5 [ZS] [a] Zypine [AF]
			[B]4.74	24.10	20.90	[a] Zyprexa [PB]	

olanzapine 10 mg tablet, 28

8187X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.97	22.51	[a] APO-OLANZAPINE [TX] [a] Olanzapine Sandoz [SZ] [a] PRYZEX [RW]	[a] Olanzapine RBX [RA] [a] Ozin 10 [ZS] [a] Zypine [AF]
			[B]4.78	25.75	22.51	[a] Zyprexa [PB]	

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 5 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 5 mg are equivalent for the purposes of substitution.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)
4246
Schizophrenia
Authority required (STREAMLINED)
5869
Bipolar I disorder
Clinical criteria:
- The treatment must be maintenance therapy.

olanzapine 5 mg orally disintegrating tablet, 28

3381Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.60	20.14	[a] APO-Olanzapine ODT [TX] [a] Olanzapine Sandoz ODT 5 [SZ] [a] Zypine ODT [AF]	[a] OLANZAPINE ODT-WGR [WG] [a] PRYZEX ODT [RW]

olanzapine 5 mg wafer, 28

8433W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	[B]9.90	28.50	20.14	[a] Zyprexa Zydis [PB]

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 10 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 10 mg are equivalent for the purposes of substitution.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)
4246
Schizophrenia
Authority required (STREAMLINED)
5869
Bipolar I disorder
Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 10 mg orally disintegrating tablet, 28

3382B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.97	22.51	[a] APO-Olanzapine ODT [TX]	[a] OLANZAPINE ODT-WGR [WG]
					[a] Olanzapine Sandoz ODT 10 [SZ]	[a] PRYZEX ODT [RW]
					[a] Zypine ODT [AF]	

olanzapine 10 mg wafer, 28

8434X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	[B]9.66	30.63	22.51	[a] Zyprexa Zydis [PB]

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 15 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 15 mg are equivalent for the purposes of substitution.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 15 mg orally disintegrating tablet, 28

3384D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.29	25.00	[a] APO-Olanzapine ODT [TX]	[a] OLANZAPINE ODT-WGR [WG]
					[a] Olanzapine Sandoz ODT 15 [SZ]	[a] PRYZEX ODT [RW]
					[a] Zypine ODT [AF]	

olanzapine 15 mg wafer, 28

8952E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	[B]11.31	35.60	25.00	[a] Zyprexa Zydis [PB]

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 20 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 20 mg are equivalent for the purposes of substitution.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 20 mg orally disintegrating tablet, 28

3385E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	27.60	25.00	[a] APO-Olanzapine ODT [TX]	[a] OLANZAPINE ODT-WGR [WG]
					[a] Olanzapine Sandoz ODT 20 [SZ]	[a] PRYZEX ODT [RW]
					[a] Zypine ODT [AF]	

olanzapine 20 mg wafer, 28

8953F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	[B]11.29	38.89	25.00	[a] Zyprexa Zydis [PB]

▪ OLANZAPINE

Caution Monitor for post-injection syndrome for at least two hours after each injection.

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4246

Schizophrenia

olanzapine 210 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9294E NP	2	5	..	*314.64	25.00	Zyprexa Relprevv [PB]

olanzapine 300 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9295F NP	2	5	..	*506.12	25.00	Zyprexa Relprevv [PB]

olanzapine 405 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9303P NP	1	5	..	337.59	25.00	Zyprexa Relprevv [PB]

▪ QUETIAPINE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5611

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must be limited to up to 6 months per episode.

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

quetiapine 150 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5458G NP	1	5	..	24.32	25.00	[a] APX-Quetiapine XR [TY] [a] Quetia XR [OW]	[a] Quetiapine Sandoz XR [SZ] [a] Tevatiapine XR [TB]
			[B]15.02	39.34	25.00	[a] Seroquel XR [AL]	

quetiapine 200 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9203J NP	1	5	..	34.85	25.00	[a] APX-Quetiapine XR [TY] [a] Quetiapine Sandoz XR [SZ] [a] Tevatiapine XR [TB]	[a] QUETIAPINE-AS XR [RW] [a] Quetia XR [OW]
			[B]9.17	44.02	25.00	[a] Seroquel XR [AL]	

quetiapine 300 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9204K NP	1	5	..	40.67	25.00	[a] APX-Quetiapine XR [TY] [a] Quetiapine Sandoz XR [SZ] [a] Tevatiapine XR [TB]	[a] QUETIAPINE-AS XR [RW] [a] Quetia XR [OW]
			[B]9.17	49.84	25.00	[a] Seroquel XR [AL]	

quetiapine 400 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9205L NP	1	5	..	50.24	25.00	[a] APX-Quetiapine XR [TY] [a] Quetiapine Sandoz XR [SZ] [a] Tevatiapine XR [TB]	[a] QUETIAPINE-AS XR [RW] [a] Quetia XR [OW]
			[B]9.17	59.41	25.00	[a] Seroquel XR [AL]	

quetiapine 50 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9202H NP	1	5	..	21.40	22.94	[a] APX-Quetiapine XR [TY] [a] Quetiapine Sandoz XR [SZ] [a] Tevatiapine XR [TB]	[a] QUETIAPINE-AS XR [RW] [a] Quetia XR [OW]
			[B]9.17	30.57	22.94	[a] Seroquel XR [AL]	

quetiapine 100 mg tablet, 90

8457D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	24.32	25.00	[a] APX-QUETIAPINE [TX]	[a] Blooms The Chemist Quetiapine [BG]
						[a] Kaptan [ZS]	[a] Pharmacor Quetiapine 100 [CR]
						[a] Quetia 100 [RW]	[a] Quetiapine RBX [RA]
						[a] Quetiapine Sandoz Pharma [HX]	[a] QUETIAPINE-WGR [WG]
						[a] Syquet [AF]	
			[B]9.17	33.49	25.00	[a] Seroquel [AL]	

quetiapine 200 mg tablet, 60

8458E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	27.93	25.00	[a] APX-QUETIAPINE [TX]	[a] Blooms The Chemist Quetiapine [BG]
						[a] Kaptan [ZS]	[a] Pharmacor Quetiapine 200 [CR]
						[a] Quetia 200 [RW]	[a] Quetiapine RBX [RA]
						[a] Quetiapine Sandoz Pharma [HX]	[a] QUETIAPINE-WGR [WG]
						[a] Syquet [AF]	
			[B]9.17	37.10	25.00	[a] Seroquel [AL]	

quetiapine 300 mg tablet, 60

8580N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	34.28	25.00	[a] APX-QUETIAPINE [TX]	[a] Blooms The Chemist Quetiapine [BG]
						[a] Kaptan [ZS]	[a] Pharmacor Quetiapine 300 [CR]
						[a] Quetia 300 [RW]	[a] Quetiapine RBX [RA]
						[a] Quetiapine Sandoz Pharma [HX]	[a] QUETIAPINE-WGR [WG]
						[a] Syquet [AF]	
			[B]9.17	43.45	25.00	[a] Seroquel [AL]	

▪ QUETIAPINE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats up to a maximum of 5 may be authorised for patients requiring dose optimisation for this condition not adequately provided by other strengths of this drug.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

7927

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy.

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

quetiapine 25 mg tablet, 60

8456C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	18.60	20.14	[a] APX-QUETIAPINE [TX]	[a] Blooms The Chemist Quetiapine [BG]
						[a] Kaptan [ZS]	[a] Pharmacor Quetiapine 25 [CR]
						[a] Quetia 25 [RW]	[a] Quetiapine RBX [RA]
						[a] Quetiapine Sandoz Pharma [HX]	[a] QUETIAPINE-WGR [WG]
						[a] Syquet [AF]	
			[B]10.71	29.31	20.14	[a] Seroquel [AL]	

Benzamides

▪ AMISULPRIDE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

amisulpride 200 mg tablet, 60

8595J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.72	25.00	[a] Amisulpride Sandoz Pharma [HX] [a] APO-Amisulpride [TX] [a] Sulprix [AF]	[a] AMISULPRIDE-WGR [WG] [a] Solian 200 [SW]

amisulpride 400 mg tablet, 60

8596K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	53.10	25.00	[a] Amisulpride Sandoz Pharma [HX] [a] APO-Amisulpride [TX] [a] Sulprix [AF]	[a] AMISULPRIDE-WGR [WG] [a] Solian 400 [SW]

amisulpride 100 mg/mL oral liquid, 60 mL

8736T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*141.16	25.00	Solian Solution [SW]

amisulpride 100 mg tablet, 30

8594H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.35	20.89	[a] Amisulpride Sandoz Pharma [HX] [a] Solian 100 [SW]	[a] APO-Amisulpride [TX] [a] Sulprix [AF]

Other antipsychotics

▪ ARIPIPRAZOLE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

aripiprazole 300 mg modified release injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

10224D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	285.73	25.00	Abilify Maintena [LU]

aripiprazole 400 mg modified release injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

10219W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	354.83	25.00	[a] Abilify Maintena [LU]	[a] ARIPENA [RA]

aripiprazole 10 mg tablet, 30

8717T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	38.92	25.00	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole Sandoz [SZ] [a] ARIZOLE [RW]	[a] Abyraz [AF] [a] Aripiprazole GH [GQ] [a] ARIPIPRAZOLE-WGR [WG]

aripiprazole 15 mg tablet, 30

8718W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	49.22	25.00	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole Sandoz [SZ] [a] ARIZOLE [RW]	[a] Abyraz [AF] [a] Aripiprazole GH [GQ] [a] ARIPIPRAZOLE-WGR [WG]

aripiprazole 20 mg tablet, 30

8719X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	56.79	25.00	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole Sandoz [SZ] [a] ARIZOLE [RW]	[a] Abyraz [AF] [a] Aripiprazole GH [GQ] [a] ARIPIPRAZOLE-WGR [WG]

aripiprazole 30 mg tablet, 30

8720Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	66.06	25.00	[a] Abilify [OS]	[a] Abyraz [AF]

[a] APO-Aripiprazole [TX]
[a] Aripiprazole GH [GQ]
[a] Aripiprazole Sandoz [SZ]
[a] ARIPIPRAZOLE-WGR [WG]
[a] ARIZOLE [RW]

aripiprazole 400 mg modified release injection [1 chamber] (&) inert substance diluent [1.6 mL chamber], 1 dual chamber syringe

15122X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	354.83	25.00	Abilify Maintena [LU]

aripiprazole 300 mg modified release injection [1 chamber] (&) inert substance diluent [1.2 mL chamber], 1 dual chamber syringe

15128F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	285.73	25.00	Abilify Maintena [LU]

▪ ARIPIPRAZOLE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note Patient dosage is to be determined as per the Therapeutic Goods Administration (TGA) approved Product Information.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16456

Schizophrenia

Clinical criteria:

- Patient must have previously received and be stabilised on PBS-subsidised aripiprazole once-monthly injection.

Aripiprazole 720 mg/2.4 mL modified release injection, 2.4 mL syringe

14790K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	562.10	25.00	Abilify Asimtufii [LU]

Aripiprazole 960 mg/3.2 mL modified release injection, 3.2 mL syringe

14824F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	700.31	25.00	Abilify Asimtufii [LU]

▪ BREXPIPRAZOLE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

brexpiprazole 500 microgram tablet, 30

15097N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	136.40	25.00	Rexulti [LU]

brexpiprazole 1 mg tablet, 30

11189X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	136.40	25.00	Rexulti [LU]

brexpiprazole 2 mg tablet, 30

11188W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	136.40	25.00	Rexulti [LU]

brexpiprazole 3 mg tablet, 30

11190Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	136.40	25.00	Rexulti [LU]

brexpiprazole 4 mg tablet, 30

11184P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	136.40	25.00	Rexulti [LU]

▪ CARIPRAZINE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

cariprazine 3 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12619E NP	1	5	..	100.68	25.00	Reagila [IX]

cariprazine 4.5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12653Y NP	1	5	..	100.68	25.00	Reagila [IX]

cariprazine 6 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12622H NP	1	5	..	100.68	25.00	Reagila [IX]

cariprazine 1.5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12652X NP	1	5	..	100.68	25.00	Reagila [IX]

▪ PALIPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

paliperidone 100 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5107T NP	1	5	..	277.26	25.00	Invega Sustenna [JC]

paliperidone 150 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5109X NP	1	5	..	277.26	25.00	Invega Sustenna [JC]

paliperidone 25 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5100K NP	1	5	..	94.16	25.00	Invega Sustenna [JC]

paliperidone 50 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5102M NP	1	5	..	176.93	25.00	Invega Sustenna [JC]

paliperidone 75 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5103N NP	1	5	..	227.35	25.00	Invega Sustenna [JC]

paliperidone 3 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9140C NP	1	5	..	55.13	25.00	Invega [JC]

paliperidone 6 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9141D NP	1	5	..	96.74	25.00	Invega [JC]

paliperidone 9 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9142E NP	1	5	..	139.10	25.00	Invega [JC]

▪ PALIPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note Patient dosage is to be determined as per the dose transition table in the Product Information based on the maintenance dose of paliperidone once monthly injection.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

13049

Schizophrenia

Clinical criteria:

- Patient must have previously received and be stabilised on PBS-subsidised paliperidone once-monthly injection for at least 4 consecutive months; OR
- Patient must have previously received and be stabilised on PBS-subsidised paliperidone six-monthly injection for at least one cycle.

paliperidone 175 mg/0.875 mL modified release injection, 0.875 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11085K NP	1	1	..	512.08	25.00	Invega Trinza [JC]

paliperidone 263 mg/1.315 mL modified release injection, 1.315 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11072R NP	1	1	..	663.34	25.00	Invega Trinza [JC]

paliperidone 350 mg/1.75 mL modified release injection, 1.75 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11094X NP	1	1	..	813.06	25.00	Invega Trinza [JC]

paliperidone 525 mg/2.625 mL modified release injection, 2.625 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11066K NP	1	1	..	813.06	25.00	Invega Trinza [JC]

▪ PALIPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note Patient dosage is to be determined as per the dose transition table in the Product Information based on the maintenance dose of paliperidone once monthly injection.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

13082

Schizophrenia

Clinical criteria:

- Patient must have previously received and be stabilised on PBS-subsidised paliperidone three-monthly injection for at least one cycle; OR
- Patient must have previously received and be stabilised on PBS-subsidised paliperidone once-monthly injection for at least 4 consecutive months.

paliperidone 700 mg/3.5 mL modified release injection, 3.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13053B NP	1	..	..	1605.45	25.00	Invega Hafyera [JC]

paliperidone 1 g/5 mL modified release injection, 5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13046P NP	1	..	..	1605.45	25.00	Invega Hafyera [JC]

▪ RISPERIDONE

Authority required (STREAMLINED)

6898

Severe behavioural disturbances

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be under 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

Authority required (STREAMLINED)

16048

Severe behavioural disturbances

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- Patient must have been commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be at least 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

risperidone 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9293D NP	‡1	2	..	112.78	25.00	[a] Risperdal [JC] [a] Rixadone [AF]	[a] Risperidone Lupin [GQ]

risperidone 500 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8787L NP	1	2	..	22.84	24.38	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Rispernia [ZS]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

risperidone 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8789N NP	1	2	..	18.60	20.14	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Rispernia [ZS]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

risperidone 2 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9079W NP	1	2	..	20.85	22.39	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Rispernia [ZS]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

▪ RISPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

risperidone 500 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8869T NP	1	5	..	22.84	24.38	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Rispernia [ZS]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

▪ RISPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5907

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as adjunctive therapy to mood stabilisers, **AND**
- The treatment must be limited to up to 6 months per episode.

risperidone 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8100H NP	‡1	5	..	112.78	25.00	[a] Risperdal [JC] [a] Rixadone [AF]	[a] Risperidone Lupin [GQ]

risperidone 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3169T NP	1	5	..	18.60	20.14	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Rispernia [ZS]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

risperidone 2 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3170W NP	1	5	..	20.85	22.39	[a] APO-Risperidone [TX] [a] Rispa [RW]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ]

						[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 3 mg tablet, 60

3171X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.37	25.00	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Rispernia [ZS]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

risperidone 4 mg tablet, 60

3172Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	27.87	25.00	[a] APO-Risperidone [TX] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]	[a] Rispa [RW] [a] Rispernia [ZS]

▪ RISPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5912

Bipolar I disorder

Clinical criteria:

- The condition must be refractory to treatment, **AND**
- The treatment must be in combination with lithium or sodium valproate, **AND**
- The treatment must be maintenance therapy.

risperidone 25 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8780D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*182.12	25.00	Risperdal Consta [JC]

risperidone 37.5 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8781E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*234.34	25.00	Risperdal Consta [JC]

risperidone 50 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8782F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*285.98	25.00	Risperdal Consta [JC]

▪ RISPERIDONE

Caution In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalities) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

10020

Behavioural disturbances

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be characterised by psychotic symptoms and aggression, **AND**
- Patient must have dementia of the Alzheimer type, **AND**
- Patient must have failed to respond to non-pharmacological methods of treatment, **AND**
- Patient must not receive more than 12 weeks of treatment under this restriction.

A patient may only qualify for 12 weeks of PBS-subsidised treatment under this restriction once in a 12 month period.

risperidone 1 mg/mL oral liquid, 100 mL

11874Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	2	..	112.78	25.00	[a] Risperdal [JC] [a] Rixadone [AF]	[a] Risperidone Lupin [GQ]

risperidone 500 microgram tablet, 60

11869Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	22.84	24.38	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Rispernia [ZS]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

risperidone 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11877D NP	1	2	..	18.60	20.14	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Rispernia [ZS]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

▪ RISPERIDONE

Caution In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalities) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Behavioural disturbances

Treatment Phase: Continuing treatment, trial of dose reduction or cessation of treatment

Clinical criteria:

- The condition must be characterised by psychotic symptoms and aggression, **AND**
- Patient must have dementia of the Alzheimer type, **AND**
- Patient must have responded to an initial course of treatment with this drug for this condition, **AND**
- Patient must have failed to respond to non-pharmacological methods of treatment, **AND**
- The treatment must be for dose tapering purposes as part of a trial of treatment reduction or cessation; OR
- Patient must have trialled a period of treatment reduction or cessation with this drug for this condition and experienced worsening or re-emergence of symptoms during this trial, and retrials are considered periodically, **AND**
- Patient must be optimised on non-pharmacological methods of treatment.

The patient's response to treatment and a trial of treatment reduction or cessation must be discussed formally with a psychiatrist or geriatrician or in a documented clinical review process involving a least one other medical practitioner, or be reviewed by a psychiatrist or geriatrician.

Response to treatment is defined as a significant reduction in symptoms of psychosis or aggression.

Patients must cease treatment if there is no improvement in symptoms of psychosis and aggression, or worsening of symptoms with therapy.

Patients must be monitored for adverse effects such as falls, drowsiness leading to reduced self-care, incontinence, reduced nutrition, reduced ability to communicate needs/wishes and take part in activities. Therapy must be ceased if harms of therapy outweigh benefits.

Trials of reduction or cessation of therapy should be considered periodically with the intention of maintaining symptom control through non-pharmacological measures wherever possible and/or lowest effective dose therapy.

Evidence of patient benefit from therapy, failure of non-pharmacological approaches to manage symptoms in the absence of therapy, and recurrence of symptoms following reduction or cessation of therapy, trialled on at least 1 occasion, must be documented in the patient's medical records.

risperidone 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11882J NP	‡1	2	..	112.78	25.00	[a] Risperdal [JC] [a] Rixadone [AF]	[a] Risperidone Lupin [GQ]

risperidone 500 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11881H NP	1	2	..	22.84	24.38	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Rispernia [ZS]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

risperidone 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11879F NP	1	2	..	18.60	20.14	[a] APO-Risperidone [TX] [a] Rispa [RW] [a] Rispernia [ZS]	[a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]

▪ RISPERIDONE

Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

16231

Schizophrenia

For a patient switching from oral risperidone, the prescriber must determine the patient dosage of this drug based on the current dose of oral risperidone according to the dose transition table in the Therapeutic Goods Administration (TGA) approved Product Information.

risperidone 75 mg modified release injection [1 syringe] (&) inert substance diluent [0.383 mL syringe], 1 pack

14686Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	210.00	25.00	Risvan [SE]

▪ RISPERIDONE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note For the purpose of administering this restriction, Schizophrenia refers to schizophrenia spectrum disorders outlined in the DSM-5 criteria.

Authority required (STREAMLINED)
16231
Schizophrenia
For a patient switching from oral risperidone, the prescriber must determine the patient dosage of this drug based on the current dose of oral risperidone according to the dose transition table in the Therapeutic Goods Administration (TGA) approved Product Information.

risperidone 100 mg modified release injection [1 syringe] (&) inert substance diluent [0.49 mL syringe], 1 pack

14688C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	255.94	25.00	Risvan [SE]

ANXIOLYTICS

Benzodiazepine derivatives

▪ ALPRAZOLAM

Note The panic disorder must not be attributable to some known organic factor.
Note No increase in the maximum number of repeats may be authorised.

Authority required
Panic disorder
Clinical criteria:
- The treatment must be for use when other treatments have failed; OR
- The treatment must be for use when other treatments are inappropriate.

alprazolam 500 microgram tablet, 10

11187T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	23.29	24.83	[a] Alprax 0.5 [AS]	[a] Kalma 0.5 [AF]

alprazolam 1 mg tablet, 10

11186R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	23.83	25.00	[a] Alprax 1 [AS]	[a] Kalma 1 [AF]

alprazolam 250 microgram tablet, 10

11205R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	22.83	24.37	Kalma 0.25 [AF]

▪ DIAZEPAM

diazepam 2 mg tablet, 50

5071X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	17.10	18.64	[a] APX-Diazepam [TY] [a] Valpam 2 [RW]	[a] DIAZEPAM-WGR [WG]
			[B]2.78	19.88	18.64	[a] Antenex 2 [AF]	

diazepam 5 mg tablet, 50

5072Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	17.10	18.64	[a] Antenex 5 [AF] [a] DIAZEPAM-WGR [WG]	[a] APX-Diazepam [TY] [a] Valpam 5 [RW]
			[B]3.07	20.17	18.64	[a] Valium [IX]	

▪ DIAZEPAM

Authority required
Chronic spasticity
Population criteria:
- Patient must be under 18 years of age.

diazepam 10 mg/10 mL oral liquid, 100 mL

2669L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	..	..	45.26	25.00	Diazepam Elixir [ON]

▪ DIAZEPAM

Note Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for
(i) the treatment of disabling spasticity; or
(ii) malignant neoplasia (late stage); or
(iii) use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or
(iv) use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.
Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.

diazepam 2 mg tablet, 50

3161J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	17.10	18.64	[a] APX-Diazepam [TY] [a] Valpam 2 [RW]	[a] DIAZEPAM-WGR [WG]
			[B]2.78	19.88	18.64	[a] Antenex 2 [AF]	

diazepam 5 mg tablet, 50

3162K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	17.10	18.64	[a] Antenex 5 [AF] [a] DIAZEPAM-WGR [WG]	[a] APX-Diazepam [TY] [a] Valpam 5 [RW]
			[B]3.07	20.17	18.64	[a] Valium [IX]	

▪ OXAZEPAM

oxazepam 15 mg tablet, 25

5192G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	17.10	18.64	[a] Alepam 15 [AF]	[a] Serepax [AS]

oxazepam 30 mg tablet, 25

5193H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	17.10	18.64	[a] Alepam 30 [AF] [a] OXAZEPAM-WGR [WG]	[a] APO-Oxazepam [TX]
			[B]0.80	17.90	18.64	[a] Murelax [RW]	
			[B]3.70	20.80	18.64	[a] Serepax [AS]	

▪ OXAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of oxazepam.

oxazepam 15 mg tablet, 25

3132W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	17.10	18.64	[a] Alepam 15 [AF]	[a] Serepax [AS]

oxazepam 30 mg tablet, 25

3133X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	17.10	18.64	[a] Alepam 30 [AF] [a] OXAZEPAM-WGR [WG]	[a] APO-Oxazepam [TX]
			[B]0.80	17.90	18.64	[a] Murelax [RW]	
			[B]3.70	20.80	18.64	[a] Serepax [AS]	

▪ OXAZEPAM

Authority required
Malignant neoplasia (late stage)
Authority required
Anxiety
Clinical criteria:

- Patient must be receiving this drug for the management of anxiety, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required
Anxiety
Clinical criteria:

- Patient must be receiving this drug for the management of anxiety, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**

- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

oxazepam 15 mg tablet, 25

3134Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*19.84	21.38	[a] Alepam 15 [AF]	[a] Serepax [AS]

oxazepam 30 mg tablet, 25

3135B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*19.84	21.38	[a] Alepam 30 [AF] [a] OXAZEPAM-WGR [WG]	[a] APO-Oxazepam [TX]
		[B]1.60	*21.44	21.38	[a] Murelax [RW]	
		[B]7.40	*27.24	21.38	[a] Serepax [AS]	

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

▪ MIDAZOLAM

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Generalized convulsive status epilepticus

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of status epilepticus, **AND**
- Patient must have experienced at least one prolonged seizure (greater than 5 minutes duration) requiring emergency medical attention within the previous 5 years.

Population criteria:

- Patient must be at least six months of age.

Clinical criteria:

- The treatment must be initiated by a specialist physician experienced in the treatment of epilepsy.

At the time of the authority application, medical practitioners should request the appropriate quantity to cater for the patient's circumstances.

Up to a maximum of 10 syringes for each prescription can be authorised for patients with high frequency seizures.

midazolam 10 mg/mL oral liquid, 1 mL syringe

14270C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*272.20	25.00	Zyamis [IX]

midazolam 5 mg/0.5 mL oral liquid, 0.5 mL syringe

14292F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*272.20	25.00	Zyamis [IX]

midazolam 7.5 mg/0.75 mL oral liquid, 0.75 mL syringe

14238J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*272.20	25.00	Zyamis [IX]

midazolam 2.5 mg/0.25 mL oral liquid, 0.25 mL syringe

15388X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*272.20	25.00	Zyamis [IX]

▪ MIDAZOLAM

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Generalized convulsive status epilepticus

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

At the time of the authority application, practitioners should request the appropriate quantity to cater for the patient's circumstances.

Up to a maximum of 10 syringes for each prescription can be authorised for patients with high frequency seizures.

midazolam 10 mg/mL oral liquid, 1 mL syringe

14299N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*272.20	25.00	Zyamis [IX]

midazolam 5 mg/0.5 mL oral liquid, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14293G NP	2	1	..	*272.20	25.00	Zyamis [IX]

midazolam 7.5 mg/0.75 mL oral liquid, 0.75 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14291E NP	2	1	..	*272.20	25.00	Zyamis [IX]

midazolam 2.5 mg/0.25 mL oral liquid, 0.25 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15381M NP	2	1	..	*272.20	25.00	Zyamis [IX]

▪ NITRAZEPAM

nitrazepam 5 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5189D DP	1	..	..	17.10	18.64	[a] Alodorm [AF]	[a] Mogadon [IL]

▪ NITRAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam.

nitrazepam 5 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2723H NP	1	..	..	17.10	18.64	[a] Alodorm [AF]	[a] Mogadon [IL]

▪ NITRAZEPAM

Authority required

Myoclonic epilepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Malignant neoplasia (late stage)

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

nitrazepam 5 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2732T NP	2	5	..	*19.84	21.38	[a] Alodorm [AF]	[a] Mogadon [IL]

▪ TEMAZEPAM

temazepam 10 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5221T DP	1	..	..	17.10	18.64	[a] APO-Temazepam [TX] [a] TEMAZEPAM-WGR [WG]	[a] Temaze [AF] [a] Temtabs [LN]
			[B]4.81	21.91	18.64	[a] Normison [AS]	

▪ TEMAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of temazepam.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner, (iii) an endorsed midwife where patient care is being shared with a medical practitioner.

temazepam 10 mg tablet, 25

2089Y (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.10	18.64	[a] APO-Temazepam [TX]	[a] Temaze [AF]
					[a] TEMAZEPAM-WGR [WG]	[a] Temtabs [LN]
		[B]4.81	21.91	18.64	[a] Normison [AS]	

▪ TEMAZEPAM

Authority required

Malignant neoplasia (late stage)

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

temazepam 10 mg tablet, 25

2088X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*19.84	21.38	[a] APO-Temazepam [TX]	[a] Temaze [AF]
					[a] TEMAZEPAM-WGR [WG]	[a] Temtabs [LN]
		[B]9.62	*29.46	21.38	[a] Normison [AS]	

Melatonin receptor agonists

▪ MELATONIN

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note A developmental specialist is a medical practitioner who is a member of the Neurodevelopmental and Behavioural Paediatric Society of Australasia.

Note Increases in the maximum quantity to provide sufficient treatment duration for 30 days treatment per dispensing at the maximum recommended dose as per the approved Product Information, may be sought.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Insomnia

Treatment Phase: Initial

Clinical criteria:

- Patient must have Smith-Magenis Syndrome confirmed by genetic testing, **AND**
- The condition must be inadequately responsive to sleep hygiene measures, resulting in the patient experiencing a period of at least 12 consecutive weeks of impaired sleep (see definition of impaired sleep below).

Treatment criteria:

- Must be treated by a medical practitioner identifying as at least one of: (i) a paediatrician, (ii) a sleep physician, (iii) neurologist, (iv) a psychiatrist, (v) a developmental specialist (see NOTE); this authority approval is being sought by one of these 5 prescriber types.

Population criteria:

- Patient must be at least 2 years of age, but yet to turn 18 years of age, at treatment initiation with this drug.

Definition:

For the purposes of administering this restriction, Smith-Magenis Syndrome is confirmed by the deletion or variation of the retinoic acid induced 1 (RAI1) gene on chromosome 17p11.2

Definition:For the purposes of administering this restriction, impaired sleep is at least one of:(i) less than 6 hours of continuous sleep on at least 3 occasions over a given 5-day interval; (ii) taking at least half an hour to fall asleep on at least 3 occasions over a given 5-day interval.

Prior to seeking authorisation for this pharmaceutical benefit, document the amount of continuous sleep/sleep latency in the patient's medical records for a period of 2 consecutive weeks, but ensure the impairment has been observed for at least 12 consecutive weeks. The documented values (averages) will form baseline measurements upon which the extent of response to treatment is to be considered under the Continuing treatment listing.

The observations of continuous sleep/sleep latency may be based on any of the following, including a mix of: patient self-reporting, parental observation, documented medical history, sleep studies conducted by health professionals.

Authority required

Insomnia

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have experienced/maintained a clinically meaningful response (as defined below) to the preceding supply of this drug - document the response improvement in the patient's medical records, **AND**
- The treatment must have commenced between the ages of 2 to 17 years inclusive.

Treatment criteria:

- Must be treated by a medical practitioner identifying as at least one of: (i) a paediatrician, (ii) a sleep physician, (iii) neurologist, (iv) a psychiatrist, (v) a developmental specialist (see NOTE); this authority approval is being sought by one of these 5 prescriber types; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Treatment must cease if a patient is unable to achieve a clinically meaningful response on the maximum dose of melatonin specified in the Product Information.

Definition:

A clinically meaningful response to this drug is defined as at least one of:

(i) an increase in total sleep time of at least 45 minutes per night on average from baseline;

(ii) a decrease in the time it takes to fall asleep by at least 15 minutes per night on average from baseline.

melatonin 1 mg modified release tablet, 60

14188R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	71.73	25.00	Slenyto [AS]

melatonin 5 mg modified release tablet, 30

14211Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	151.73	25.00	Slenyto [AS]

▪ PSYCHOANALEPTICS

ANTIDEPRESSANTS

Non-selective monoamine reuptake inhibitors

▪ AMITRIPTYLINE

amitriptyline hydrochloride 10 mg tablet, 50

2417F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	17.43	18.97	[a] Amitriptyline Lupin [GQ] [a] AMITRIPTYLINE-WGR [WG] [a] ENTRIP [RW]	[a] Amitriptyline Viatris 10 [AL] [a] APX-Amitriptyline [TY]
		[B]1.82	19.25	18.97	[a] Endep 10 [AF]	

amitriptyline hydrochloride 25 mg tablet, 50

2418G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	17.61	19.15	[a] Amitriptyline Lupin [GQ] [a] AMITRIPTYLINE-WGR [WG] [a] ENTRIP [RW]	[a] Amitriptyline Viatris 25 [AL] [a] APX-Amitriptyline [TY]
		[B]1.82	19.43	19.15	[a] Endep 25 [AF]	

amitriptyline hydrochloride 50 mg tablet, 50

2429W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	17.98	19.52	[a] Amitriptyline Lupin [GQ] [a] APX-Amitriptyline [TY]	[a] Amitriptyline Viatris 50 [AL] [a] ENTRIP [RW]
		[B]1.82	19.80	19.52	[a] Endep 50 [AF]	

▪ CLOMIPRAMINE

Restricted benefit

Cataplexy

Clinical criteria:

- The condition must be associated with narcolepsy.

Restricted benefit

Obsessive-compulsive disorder

Restricted benefit

Phobic disorders

Population criteria:

- Patient must be an adult.

clomipramine hydrochloride 25 mg tablet, 50

1561E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	19.25	20.79	[a] APO-Clomipramine [TX] [a] Placil [AF]	[a] CLOMIPRAMINE-WGR [WG]
		[B]3.57	22.82	20.79	[a] Anafranil 25 [PB]	

▪ DOSULEPIN (DOTHIEPIN)

dosulepin (dothiepin) hydrochloride 25 mg capsule, 50

1357K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	17.49	19.03	[a] Dosulepin Viatris [MQ]
		[B]1.81	19.30	19.03	[a] Dothep 25 [AF]

dosulepin (dothiepin) hydrochloride 75 mg tablet, 30

1358L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	17.49	19.03	[a] Dosulepin Viatris 75 [AL]
		[B]1.81	19.30	19.03	[a] Dothep 75 [AF]

▪ IMIPRAMINE

imipramine hydrochloride 10 mg tablet, 50

2420J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	18.57	20.11	Tofranil 10 [GH]

▪ IMIPRAMINE

Note Pharmaceutical benefits that have the form imipramine hydrochloride 25 mg tablet in a pack size of 50 can be substituted for a pack size of 100 in the case of a shortage.

imipramine hydrochloride 25 mg tablet, 50

2421K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	21.78	23.32	[a] Tofranil 25 [GH]

imipramine hydrochloride 25 mg tablet, 100

12113M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	2	..	*28.20	25.00	[a] Imipramine (Leading) [QY]

▪ NORTRIPTYLINE

Restricted benefit

Major depression

Clinical criteria:

- The treatment must be for use when other anti-depressant therapy has failed.

Restricted benefit

Major depression

Clinical criteria:

- The treatment must be for use when other anti-depressant therapy is contraindicated.

nortriptyline 10 mg tablet, 50

2522R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	18.65	20.19	Allegron [RW]

nortriptyline 25 mg tablet, 50

2523T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	20.06	21.60	Allegron [RW]

Selective serotonin reuptake inhibitors

▪ CITALOPRAM

Restricted benefit

Major depressive disorders

citalopram 10 mg tablet, 28

8702B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.10	18.64	[a] Celapram [AF]	[a] CITALOPRAM-WGR [WG]

						[a] Talam [RW]	

citalopram 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8220P NP	1	5	..	17.10	18.64	[a] APO-Citalopram [TX] [a] Celapram [AF] [a] CITALOPRAM-WGR [WG]	[a] APX-Citalopram [TY] [a] Citalopram Sandoz [SZ] [a] Talam [RW]
			[B]12.64	29.74	18.64	[a] Cipramil [LU]	

citalopram 40 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8703C NP	1	5	..	17.14	18.68	[a] APO-Citalopram [TX] [a] Citalopram Sandoz [SZ] [a] Talam [RW]	[a] Celapram [AF] [a] CITALOPRAM-WGR [WG]

▪ CITALOPRAM

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

citalopram 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14313H NP	2	2	..	*19.84	21.38	[a] Celapram [AF] [a] Talam [RW]	[a] CITALOPRAM-WGR [WG]

citalopram 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14490P NP	2	2	..	*19.84	21.38	[a] APO-Citalopram [TX] [a] Celapram [AF] [a] CITALOPRAM-WGR [WG]	[a] APX-Citalopram [TY] [a] Citalopram Sandoz [SZ] [a] Talam [RW]
			[B]25.28	*45.12	21.38	[a] Cipramil [LU]	

citalopram 40 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14518D NP	2	2	..	*19.92	21.46	[a] APO-Citalopram [TX] [a] Citalopram Sandoz [SZ] [a] Talam [RW]	[a] Celapram [AF] [a] CITALOPRAM-WGR [WG]

▪ ESCITALOPRAM

Restricted benefit

Major depressive disorders

escitalopram 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8700X NP	1	5	..	17.10	18.64	[a] APO-Escitalopram [TX] [a] Blooms Escitalopram [BG] [a] ESCIT [DZ] [a] Escitalopram Sandoz [HX] [a] Lexam 10 [RW]	[a] APX-Escitalopram [TY] [a] Cilopam-S [ZS] [a] Escitalopram GH [HQ] [a] ESCITALOPRAM-WGR [WG] [a] LoxaLate [AF]
			[B]13.65	30.75	18.64	[a] Lexapro [LU]	

escitalopram 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8701Y NP	1	5	..	17.10	18.64	[a] APO-Escitalopram [TX] [a] Blooms Escitalopram [BG] [a] ESCIT [DZ] [a] Escitalopram Sandoz [HX] [a] Lexam 20 [RW]	[a] APX-Escitalopram [TY] [a] Cilopam-S [ZS] [a] Escitalopram GH [HQ] [a] ESCITALOPRAM-WGR [WG] [a] LoxaLate [AF]
			[B]13.98	31.08	18.64	[a] Lexapro [LU]	

▪ ESCITALOPRAM

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

escitalopram 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14349F	2	2	..	*19.84	21.38	[a] APO-Escitalopram [TX]	[a] APX-Escitalopram [TY]

NP						[a] Blooms Escitalopram [BG] [a] ESCIT [DZ] [a] Escitalopram Sandoz [HX] [a] Lexam 10 [RW]	[a] Cilopam-S [ZS] [a] Escitalopram GH [HQ] [a] ESCITALOPRAM-WGR [WG] [a] LoxaLate [AF]
			[B]27.30	*47.14	21.38	[a] Lexapro [LU]	

escitalopram 20 mg tablet, 28

14415Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	..	*19.84	21.38	[a] APO-Escitalopram [TX] [a] Blooms Escitalopram [BG] [a] ESCIT [DZ] [a] Escitalopram Sandoz [HX] [a] Lexam 20 [RW]	[a] APX-Escitalopram [TY] [a] Cilopam-S [ZS] [a] Escitalopram GH [HQ] [a] ESCITALOPRAM-WGR [WG] [a] LoxaLate [AF]
			[B]27.96	*47.80	21.38	[a] Lexapro [LU]	

▪ ESCITALOPRAM

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria,

AND

- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria,

AND

- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria,

AND

- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria,

AND

- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 10 mg tablet, 28

9432K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.10	18.64	[a] APO-Escitalopram [TX] [a] Blooms Escitalopram [BG] [a] Escitalopram GH [HQ] [a] ESCITALOPRAM-WGR [WG] [a] LoxaLate [AF]	[a] APX-Escitalopram [TY] [a] ESCIT [DZ] [a] Escitalopram Sandoz [HX] [a] Lexam 10 [RW]
			[B]13.65	30.75	18.64	[a] Lexapro [LU]	

escitalopram 20 mg tablet, 28

9433L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.10	18.64	[a] APO-Escitalopram [TX] [a] Blooms Escitalopram [BG] [a] Escitalopram GH [HQ] [a] ESCITALOPRAM-WGR [WG] [a] LoxaLate [AF]	[a] APX-Escitalopram [TY] [a] ESCIT [DZ] [a] Escitalopram Sandoz [HX] [a] Lexam 20 [RW]
			[B]13.98	31.08	18.64	[a] Lexapro [LU]	

▪ ESCITALOPRAM

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 10 mg tablet, 28

14519E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*19.84	21.38	[a] APO-Escitalopram [TX] [a] Blooms Escitalopram [BG] [a] Escitalopram GH [HQ] [a] ESCITALOPRAM-WGR [WG] [a] LoxaLate [AF]	[a] APX-Escitalopram [TY] [a] ESCIT [DZ] [a] Escitalopram Sandoz [HX] [a] Lexam 10 [RW]
		[B]27.30	*47.14	21.38	[a] Lexapro [LU]	

escitalopram 20 mg tablet, 28

14416R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*19.84	21.38	[a] APO-Escitalopram [TX] [a] Blooms Escitalopram [BG] [a] Escitalopram GH [HQ] [a] ESCITALOPRAM-WGR [WG] [a] LoxaLate [AF]	[a] APX-Escitalopram [TY] [a] ESCIT [DZ] [a] Escitalopram Sandoz [HX] [a] Lexam 20 [RW]
		[B]27.96	*47.80	21.38	[a] Lexapro [LU]	

▪ ESCITALOPRAM

Restricted benefit

Major depressive disorders

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 20 mg/mL oral liquid, 15 mL

10181W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	39.55	25.00	Lexapro [LU]

NP

▪ ESCITALOPRAM

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 20 mg/mL oral liquid, 15 mL

14546N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	2	..	*64.74	25.00	Lexapro [LU]

NP

▪ FLUOXETINE

Restricted benefit

Major depressive disorders

Restricted benefit

Obsessive-compulsive disorder

fluoxetine 20 mg capsule, 28

1434L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.10	19.64	[a] APO-Fluoxetine [TX]	[a] Blooms the Chemist Fluoxetine [BG]
					[a] FLUOTEX [RF]	[a] Fluoxetine generichealth [GQ]
					[a] Fluoxetine Sandoz [SZ]	[a] FLUOXETINE-WGR [WG]
					[a] Zactin [AF]	

NP

fluoxetine 20 mg tablet, 28

8270G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.10	19.64	Zactin Tablet [AF]

NP

▪ FLUOXETINE

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Obsessive-compulsive disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluoxetine 20 mg capsule, 28

14548Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*21.84	23.38	[a] APO-Fluoxetine [TX]	[a] Blooms the Chemist Fluoxetine [BG]
					[a] FLUOTEX [RF]	[a] Fluoxetine generichealth [GQ]
					[a] Fluoxetine Sandoz [SZ]	[a] FLUOXETINE-WGR [WG]
					[a] Zactin [AF]	

NP

fluoxetine 20 mg tablet, 28

14717N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*21.84	23.38	Zactin Tablet [AF]

NP

▪ FLUVOXAMINE

Restricted benefit

Major depressive disorders

Restricted benefit

Obsessive-compulsive disorder

fluvoxamine maleate 100 mg tablet, 30

8174F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.67	24.21	[a] APO-Fluvoxamine [TX]	[a] Faverin 100 [RW]
					[a] FLUVOXAMINE-WGR [WG]	[a] Movox 100 [AF]
		[B]3.40	26.07	24.21	[a] Luvox [GO]	

NP

fluvoxamine maleate 50 mg tablet, 30

8512B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.86	21.40	[a] APO-Fluvoxamine [TX]	[a] Faverin 50 [RW]
					[a] FLUVOXAMINE-WGR [WG]	[a] Movox 50 [AL]
		[B]3.39	23.25	21.40	[a] Luvox [GO]	

NP

▪ FLUVOXAMINE

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Obsessive-compulsive disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluvoxamine maleate 100 mg tablet, 30

14314J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*30.98	25.00	[a] APO-Fluvoxamine [TX]	[a] Faverin 100 [RW]
					[a] FLUVOXAMINE-WGR [WG]	[a] Movox 100 [AF]
		[B]6.80	*37.78	25.00	[a] Luvox [GO]	

fluvoxamine maleate 50 mg tablet, 30

14488M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*25.36	25.00	[a] APO-Fluvoxamine [TX]	[a] Faverin 50 [RW]
					[a] FLUVOXAMINE-WGR [WG]	[a] Movox 50 [AL]
		[B]6.78	*32.14	25.00	[a] Luvox [GO]	

▪ PAROXETINE

Restricted benefit

Major depressive disorders

Restricted benefit

Obsessive-compulsive disorder

Restricted benefit

Panic disorder

paroxetine 20 mg tablet, 30

2242B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.10	19.64	[a] APX-Paroxetine [TY]	[a] Blooms The Chemist Paroxetine [BG]
					[a] Extine 20 [RW]	[a] Paroxetine GH [GQ]
					[a] Paroxetine Sandoz [SZ]	[a] PAROXETINE-WGR [WG]
					[a] Paxtine [AF]	
		[B]2.41	20.51	19.64	[a] Aropax [AS]	

▪ PAROXETINE

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Obsessive-compulsive disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Panic disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

paroxetine 20 mg tablet, 30

14367E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*21.84	23.38	[a] APX-Paroxetine [TY]	[a] Blooms The Chemist Paroxetine [BG]
					[a] Extine 20 [RW]	[a] Paroxetine GH [GQ]
					[a] Paroxetine Sandoz [SZ]	[a] PAROXETINE-WGR [WG]
					[a] Paxtine [AF]	
		[B]4.82	*26.66	23.38	[a] Aropax [AS]	

▪ SERTRALINE

Restricted benefit

Major depressive disorders

sertraline 100 mg tablet, 30

2237R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.10	18.64	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
					[a] Eleva 100 [AF]	[a] Sertra 100 [RW]
					[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]

						[a] SERTRALINE-WGR [WG]	[a] Setrona [RA]
			[B]6.47	23.57	18.64	[a] Zoloft [GO]	

sertraline 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2236Q NP	1	5	..	17.10	18.64	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 50 [AF]	[a] Sertra 50 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	[a] Setrona [RA]
			[B]6.47	23.57	18.64	[a] Zoloft [GO]	

▪ SERTRALINE

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

sertraline 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14506L NP	2	2	..	*19.84	21.38	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 100 [AF]	[a] Sertra 100 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	[a] Setrona [RA]
			[B]12.94	*32.78	21.38	[a] Zoloft [GO]	

sertraline 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14400X NP	2	2	..	*19.84	21.38	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 50 [AF]	[a] Sertra 50 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	[a] Setrona [RA]
			[B]12.94	*32.78	21.38	[a] Zoloft [GO]	

▪ SERTRALINE

Restricted benefit

Obsessive-compulsive disorder

Restricted benefit

Panic disorder

Clinical criteria:

- The treatment must be for use when other treatments have failed; OR
- The treatment must be for use when other treatments are inappropriate.

sertraline 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8837D NP	1	5	..	17.10	18.64	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 100 [AF]	[a] Sertra 100 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	
			[B]6.47	23.57	18.64	[a] Zoloft [GO]	

sertraline 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8836C NP	1	5	..	17.10	18.64	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
						[a] Eleva 50 [AF]	[a] Sertra 50 [RW]
						[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
						[a] SERTRALINE-WGR [WG]	
			[B]6.47	23.57	18.64	[a] Zoloft [GO]	

▪ SERTRALINE

Restricted benefit

Obsessive-compulsive disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Panic disorder

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for use when other treatments have failed; OR
- The treatment must be for use when other treatments are inappropriate.

sertraline 100 mg tablet, 30

14404D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*19.84	21.38	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
					[a] Eleva 100 [AF]	[a] Sertra 100 [RW]
					[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
					[a] SERTRALINE-WGR [WG]	
		[B]12.94	*32.78	21.38	[a] Zoloft [GO]	

sertraline 50 mg tablet, 30

14403C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*19.84	21.38	[a] APO-Sertraline [TX]	[a] Blooms The Chemist Sertraline [BG]
					[a] Eleva 50 [AF]	[a] Sertra 50 [RW]
					[a] Sertraline generichealth [GQ]	[a] Sertraline Sandoz [SZ]
					[a] SERTRALINE-WGR [WG]	
		[B]12.94	*32.78	21.38	[a] Zoloft [GO]	

Monoamine oxidase inhibitors, non-selective

▪ PHENELZINE

Caution This drug is an irreversible monoamine oxidase inhibitor.

Restricted benefit

Depression

Clinical criteria:

- The treatment must be for when all other anti-depressant therapy has failed; OR
- The treatment must be for when all other anti-depressant therapy is inappropriate.

phenelzine 15 mg tablet, 100

2856H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	215.41	25.00	Nardil [NG]

▪ TRANYLCYPROMINE

Caution This drug is an irreversible monoamine oxidase inhibitor.

tranylcypromine 10 mg tablet, 50

2444P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	51.53	25.00	[a] Parnate [GH]	[a] TRANYLMED [DZ]

▪ TRANYLCYPROMINE

Caution This drug is an irreversible monoamine oxidase inhibitor.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

tranylcypromine 10 mg tablet, 50

14401Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*88.70	25.00	[a] Parnate [GH]	[a] TRANYLMED [DZ]

Monoamine oxidase A inhibitors

▪ MOCLOBEMIDE

Restricted benefit

Major depressive disorders

moclobemide 150 mg tablet, 60

1900B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.81	21.35	[a] Amira 150 [AF]	[a] Clobemix [XT]
					[a] Moclobemide Sandoz [SZ]	[a] MOCLOBEMIDE-WGR [WG]
		[B]3.86	23.67	21.35	[a] Aurorix [GO]	

moclobemide 300 mg tablet, 60

8003F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.43	24.97	[a] Amira 300 [AF]	[a] Clobemix [XT]
					[a] Moclobemide Sandoz [SZ]	[a] MOCLOBEMIDE-WGR [WG]
		[B]3.88	27.31	24.97	[a] Aurorix 300 mg [GO]	

▪ MOCLOBEMIDE

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

moclobemide 150 mg tablet, 60

14560H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	..	*25.26	25.00	[a] Amira 150 [AF] [a] Moclobemide Sandoz [SZ]	[a] Clobemix [XT] [a] MOCLOBEMIDE-WGR [WG]
			[B]7.72	*32.98	25.00	[a] Aurorix [GO]	

moclobemide 300 mg tablet, 60

14442D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	..	*32.50	25.00	[a] Amira 300 [AF] [a] Moclobemide Sandoz [SZ]	[a] Clobemix [XT] [a] MOCLOBEMIDE-WGR [WG]
			[B]7.76	*40.26	25.00	[a] Aurorix 300 mg [GO]	

Other antidepressants

▪ DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 100 mg, desvenlafaxine tablet (modified release) 100 mg (as benzoate) and desvenlafaxine tablet (extended release) 100 mg (as succinate) are equivalent for the purposes of substitution.

Restricted benefit

Major depressive disorders

desvenlafaxine 100 mg modified release tablet, 28

10231L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.62	24.16	[a] BTC Desvenlafaxine [BG] [a] DESVEN [RW] [a] Desvenlafaxine Sandoz Pharma [HX] [a] DESVENLAFAXINE-WGR XR [WG]	[a] Desfax [AF] [a] Desvenlafaxine Sandoz [SZ] [a] Desvenlafaxine Viatris [AL]

desvenlafaxine 100 mg modified release tablet, 28

10245F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.62	24.16	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 100 mg modified release tablet, 28

9367B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	[B]4.37	26.99	24.16	[a] Pristiq [PF]

▪ DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 50 mg, desvenlafaxine tablet (modified release) 50 mg (as benzoate) and desvenlafaxine tablet (extended release) 50 mg (as succinate) are equivalent for the purposes of substitution.

Restricted benefit

Major depressive disorders

desvenlafaxine 50 mg modified release tablet, 28

10234P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	21.09	22.63	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 50 mg modified release tablet, 28

10241B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	21.09	22.63	[a] BTC Desvenlafaxine [BG] [a] DESVEN [RW] [a] Desvenlafaxine Sandoz Pharma [HX] [a] DESVENLAFAXINE-WGR XR [WG]	[a] Desfax [AF] [a] Desvenlafaxine Sandoz [SZ] [a] Desvenlafaxine Viatris [AL]

desvenlafaxine 50 mg modified release tablet, 28

9366Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	[B]4.37	25.46	22.63	[a] Pristiq [PF]

▪ DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 50 mg, desvenlafaxine tablet (modified release) 50 mg (as benzoate) and desvenlafaxine tablet (extended release) 50 mg (as succinate) are equivalent for the purposes of substitution.

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

desvenlafaxine 50 mg modified release tablet, 28

14383B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*27.82	25.00	[a] BTC Desvenlafaxine [BG] [a] DESVEN [RW] [a] Desvenlafaxine Sandoz Pharma [HX] [a] DESVENLAFAXINE-WGR XR [WG]	[a] Desfax [AF] [a] Desvenlafaxine Sandoz [SZ] [a] Desvenlafaxine Viatris [AL]

desvenlafaxine 50 mg modified release tablet, 28

14418W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*27.82	25.00	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 50 mg modified release tablet, 28

14451N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	[B]8.74	*36.56	25.00	[a] Pristiq [PF]

▪ DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 100 mg, desvenlafaxine tablet (modified release) 100 mg (as benzoate) and desvenlafaxine tablet (extended release) 100 mg (as succinate) are equivalent for the purposes of substitution.

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

desvenlafaxine 100 mg modified release tablet, 28

14384C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*30.88	25.00	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 100 mg modified release tablet, 28

14489N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*30.88	25.00	[a] BTC Desvenlafaxine [BG] [a] DESVEN [RW] [a] Desvenlafaxine Sandoz Pharma [HX] [a] DESVENLAFAXINE-WGR XR [WG]	[a] Desfax [AF] [a] Desvenlafaxine Sandoz [SZ] [a] Desvenlafaxine Viatris [AL]

desvenlafaxine 100 mg modified release tablet, 28

14545M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	[B]8.74	*39.62	25.00	[a] Pristiq [PF]

▪ DULOXETINE

Restricted benefit

Major depressive disorders

duloxetine 60 mg enteric capsule, 28

9156X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APO-Duloxetine [TX] [a] Duloxecor [CR] [a] Duloxetine Sandoz 60 [SZ] [a] DYTREX 60 [RW]	[a] Blooms The Chemist Duloxetine [BG] [a] Duloxetine Sandoz [HX] [a] DULOXETINE-WGR [WG] [a] Tixol 60 [AL]

duloxetine 30 mg enteric capsule, 28

9155W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.46	20.00	[a] APO-Duloxetine [TX] [a] Duloxecor [CR]	[a] Blooms The Chemist Duloxetine [BG] [a] Duloxetine Sandoz [HX]

						[a] Duloxetine Sandoz 30 [SZ]	[a] DULOXETINE-WGR [WG]
						[a] DYTREX 30 [RW]	[a] Tixol 30 [AL]

▪ DULOXETINE

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

duloxetine 60 mg enteric capsule, 28

14712H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*22.84	24.38	[a] APO-Duloxetine [TX]	[a] Blooms The Chemist Duloxetine [BG]
					[a] Duloxecor [CR]	[a] Duloxetine Sandoz [HX]
					[a] Duloxetine Sandoz 60 [SZ]	[a] DULOXETINE-WGR [WG]
					[a] DYTREX 60 [RW]	[a] Tixol 60 [AL]

▪ ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Treatment resistant major depression

Treatment Phase: Non-induction treatment

Clinical criteria:

- The treatment must be to continue existing PBS-subsidised treatment for this indication, **AND**
- The treatment must not exceed each of: (i) an administered dose beyond 84 mg, (ii) a quantity of drug, after accounting for repeat prescriptions plus different pack sizes where prescribed, that would exceed a quantity sufficient to treat the patient for 24 weeks, **AND**
- Patient must have demonstrated adequate response to treatment with esketamine after the 4-week induction and every 6 months thereafter as evaluated by a structured clinical rating scale (evidence of scores and justification of demonstration of response must be retained in the patient's medical records).

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The listed quantity of 8 units of nasal spray is intended for a dosage of 56 mg per treatment administration in the non-induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 2 x 2 actuations

14794P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2569.57	25.00	Spravato [JC]

▪ ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Treatment resistant major depression

Treatment Phase: Non-induction treatment

Clinical criteria:

- The treatment must be to continue existing PBS-subsidised treatment for this indication, **AND**
- The treatment must not exceed each of: (i) an administered dose beyond 84 mg, (ii) a quantity of drug, after accounting for repeat prescriptions plus different pack sizes where prescribed, that would exceed a quantity sufficient to treat the patient for 24 weeks, **AND**
- Patient must have demonstrated adequate response to treatment with esketamine after the 4-week induction and every 6 months thereafter as evaluated by a structured clinical rating scale (evidence of scores and justification of demonstration of response must be retained in the patient's medical records).

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The listed quantity of 4 units of nasal spray is intended for a dosage of 28 mg per treatment administration in the non-induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 2 actuations

14812N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1303.69	25.00	Spravato [JC]

▪ ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Treatment resistant major depression

Treatment Phase: Non-induction treatment

Clinical criteria:

- The treatment must be to continue existing PBS-subsidised treatment for this indication, **AND**
- The treatment must not exceed each of: (i) an administered dose beyond 84 mg, (ii) a quantity of drug, after accounting for repeat prescriptions plus different pack sizes where prescribed, that would exceed a quantity sufficient to treat the patient for 24 weeks, **AND**
- Patient must have demonstrated adequate response to treatment with esketamine after the 4-week induction and every 6 months thereafter as evaluated by a structured clinical rating scale (evidence of scores and justification of demonstration of response must be retained in the patient's medical records).

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The listed quantity of 12 units of nasal spray is intended for a dosage of 84 mg per treatment administration in the non-induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 3 x 2 actuations

14830M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*3796.81	25.00	Spravato [JC]

▪ ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Treatment resistant major depression

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must have been inadequately responsive to at least two oral anti-depressant drug therapies.

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The following must apply if reinitiating treatment:

(i) at least four-week gap from last treatment course to reinitiation of treatment; and

(ii) evidence, documented in the patient's medical record using a structured rating scale, of significant clinical therapeutic benefit of the prior course of treatment with esketamine; and

(iii) evidence, documented in the patient's medical record using a structured rating scale, of a relapse in depression.

The listed quantity of 24 units of nasal spray is intended for a dosage of 84 mg per treatment administration in the induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 3 x 2 actuations

14786F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	..	..	*7478.57	25.00	Spravato [JC]

▪ ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Treatment resistant major depression

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must have been inadequately responsive to at least two oral anti-depressant drug therapies.

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The following must apply if reinitiating treatment:

(i) at least four-week gap from last treatment course to reinitiation of treatment; and

(ii) evidence, documented in the patient's medical record using a structured rating scale, of significant clinical therapeutic benefit of the prior course of treatment with esketamine; and

(iii) evidence, documented in the patient's medical record using a structured rating scale, of a relapse in depression.

The listed quantity of 16 units of nasal spray is intended for a dosage of 56 mg per treatment administration in the induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 2 x 2 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14815R	8	..	..	*5024.09	25.00	Spravato [JC]

▪ ESKETAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Treatment resistant major depression

Treatment Phase: Induction treatment

Clinical criteria:

- The condition must have been inadequately responsive to at least two oral anti-depressant drug therapies.

Treatment criteria:

- Must be treated by a psychiatrist, where prescribing must also be completed by the treating psychiatrist, **AND**
- Patient must be undergoing supervision at an accredited treatment centre for the administration of esketamine.

The following must apply if reinitiating treatment:

(i) at least four-week gap from last treatment course to reinitiation of treatment; and

(ii) evidence, documented in the patient's medical record using a structured rating scale, of significant clinical therapeutic benefit of the prior course of treatment with esketamine; and

(iii) evidence, documented in the patient's medical record using a structured rating scale, of a relapse in depression.

The listed quantity of 8 units of nasal spray is intended for a dosage of 28 mg per treatment administration in the induction treatment setting.

esketamine 28 mg/2 actuations nasal spray, 2 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14836W	8	..	..	*2569.61	25.00	Spravato [JC]

▪ LITHIUM CARBONATE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

lithium carbonate 250 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3059B NP	1	2	..	49.38	25.00	Lithicarb [AS]

lithium carbonate 450 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8290H NP	2	2	..	*79.98	25.00	Quilonum SR [AS]

▪ MIANSERIN

Caution Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.

Restricted benefit

Severe depression

mianserin hydrochloride 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1627P NP	1	5	..	21.92	23.46	Lumin 10 [AF]

mianserin hydrochloride 20 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1628Q NP	1	5	..	30.32	25.00	Lumin 20 [AF]

▪ MIANSERIN

Caution Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.

Restricted benefit

Severe depression

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

mianserin hydrochloride 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14366D NP	2	2	..	*29.48	25.00	Lumin 10 [AF]

mianserin hydrochloride 20 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14505K NP	2	2	..	*46.28	25.00	Lumin 20 [AF]

▪ MIRTAZAPINE

Restricted benefit

Major depressive disorders

mirtazapine 15 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9365X NP	1	5	..	17.33	18.87	[a] APX-Mirtazapine [TY]	[a] Axit 15 [AF]
						[a] Blooms The Chemist Mirtazapine [BG]	[a] MIRTANZA [RF]
						[a] Mirtazapine Sandoz [SZ]	[a] MIRTAZAPINE-WGR [WG]

mirtazapine 15 mg orally disintegrating tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8855C NP	1	5	..	18.45	19.99	MIRTANZA ODT [RF]

mirtazapine 30 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8513C NP	1	5	..	18.10	19.64	[a] APX-Mirtazapine [TY]	[a] Axit 30 [AF]
						[a] Blooms The Chemist Mirtazapine [BG]	[a] MIRTANZA [RF]
						[a] Mirtazapine Sandoz [SZ]	[a] MIRTAZAPINE-WGR [WG]
			[B]5.74	23.84	19.64	[a] Avanza [AL]	

mirtazapine 30 mg orally disintegrating tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8856D NP	1	5	..	18.97	20.51	MIRTANZA ODT [RF]

mirtazapine 45 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8883M NP	1	5	..	19.35	20.89	[a] APX-Mirtazapine [TY]	[a] Axit 45 [AF]
						[a] Blooms The Chemist Mirtazapine [BG]	[a] MIRTANZA [RF]
						[a] Mirtazapine Sandoz [SZ]	[a] MIRTAZAPINE-WGR [WG]

mirtazapine 45 mg orally disintegrating tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8857E NP	1	5	..	21.22	22.76	MIRTANZA ODT [RF]

▪ MIRTAZAPINE

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

mirtazapine 15 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14507M NP	2	2	..	*20.30	21.84	[a] APX-Mirtazapine [TY]	[a] Axit 15 [AF]
						[a] Blooms The Chemist Mirtazapine [BG]	[a] MIRTANZA [RF]

						[a] Mirtazapine Sandoz [SZ]	[a] MIRTAZAPINE-WGR [WG]

mirtazapine 15 mg orally disintegrating tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	
14369G NP	2	2	..	*22.54	24.08	MIRTANZA ODT [RF]	

mirtazapine 30 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14473R NP	2	2	..	*21.84	23.38	[a] APX-Mirtazapine [TY] [a] Blooms The Chemist Mirtazapine [BG] [a] Mirtazapine Sandoz [SZ]	[a] Axit 30 [AF] [a] MIRTANZA [RF] [a] MIRTAZAPINE-WGR [WG]
			[B]11.48	*33.32	23.38	[a] Avanza [AL]	

mirtazapine 30 mg orally disintegrating tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	
14370H NP	2	2	..	*23.58	25.00	MIRTANZA ODT [RF]	

mirtazapine 45 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14561J NP	2	2	..	*24.34	25.00	[a] APX-Mirtazapine [TY] [a] Blooms The Chemist Mirtazapine [BG] [a] Mirtazapine Sandoz [SZ]	[a] Axit 45 [AF] [a] MIRTANZA [RF] [a] MIRTAZAPINE-WGR [WG]

mirtazapine 45 mg orally disintegrating tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	
14475W NP	2	2	..	*28.08	25.00	MIRTANZA ODT [RF]	

▪ REBOXETINE

Restricted benefit

Major depressive disorders

reboxetine 4 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	
8583R NP	1	5	..	40.27	25.00	Edronax [PF]	

▪ REBOXETINE

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

reboxetine 4 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	
14474T NP	2	2	..	*66.18	25.00	Edronax [PF]	

▪ VENLAFAXINE

Restricted benefit

Major depressive disorders

venlafaxine 150 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8302Y NP	1	5	..	18.60	20.14	[a] APO-Venlafaxine XR [TX] [a] Elaxine SR 150 [RW] [a] Sandoz Venlafaxine XR [HX] [a] VENLAFAXINE XR-WGR [WG]	[a] BTC Venlafaxine XR [BG] [a] Enlafax-XR [AF] [a] Venlafaxine generichealth XR [GQ]
			[B]1.93	20.53	20.14	[a] Efexor-XR [GO]	

venlafaxine 37.5 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8868R NP	1	..	..	17.32	18.86	[a] Efexor-XR [GO] [a] VENLAFAXINE XR-WGR [WG]	[a] Elaxine SR 37.5 [RW]

venlafaxine 75 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8301X NP	1	5	..	18.10	19.64	[a] APO-Venlafaxine XR [TX] [a] Elaxine SR 75 [RW]	[a] BTC Venlafaxine XR [BG] [a] Enlafax-XR [AF]

				[a] Sandoz Venlafaxine XR [HX]	[a] Venlafaxine generichealth XR [GQ]
				[a] VENLAFAXINE XR-WGR [WG]	
		[B]2.00	20.10	19.64	[a] Efexor-XR [GO]

▪ VENLAFAXINE

Restricted benefit

Major depressive disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

venlafaxine 150 mg modified release capsule, 28

14402B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*22.84	24.38	[a] APO-Venlafaxine XR [TX]	[a] BTC Venlafaxine XR [BG]
					[a] Elaxine SR 150 [RW]	[a] Enlafax-XR [AF]
					[a] Sandoz Venlafaxine XR [HX]	[a] Venlafaxine generichealth XR [GQ]
					[a] VENLAFAXINE XR-WGR [WG]	
		[B]3.86	*26.70	24.38	[a] Efexor-XR [GO]	

venlafaxine 75 mg modified release capsule, 28

14472Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*21.84	23.38	[a] APO-Venlafaxine XR [TX]	[a] BTC Venlafaxine XR [BG]
					[a] Elaxine SR 75 [RW]	[a] Enlafax-XR [AF]
					[a] Sandoz Venlafaxine XR [HX]	[a] Venlafaxine generichealth XR [GQ]
					[a] VENLAFAXINE XR-WGR [WG]	
		[B]4.00	*25.84	23.38	[a] Efexor-XR [GO]	

PSYCHOSTIMULANTS, AGENTS USED FOR ADHD AND NOOTROPICS

▪ GUANFACINE

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

9034

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive.

Authority required (STREAMLINED)

9031

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Authority required (STREAMLINED)

8544

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must be receiving a maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine) which has been stable for at least four weeks, **AND**
- The treatment must be adjunctive to ongoing maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine), **AND**
- Patient must be experiencing residual moderate to severe ADHD symptoms resulting in impaired functioning (social, academic or occupational), present in at least one setting (home, nursery/school/college/work, friends or family homes or other environment).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive.

Authority required (STREAMLINED)

8585

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be adjunctive to ongoing maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine).

guanfacine 1 mg modified release tablet, 28

11452R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	64.64	25.00	Intuniv [TK]

guanfacine 2 mg modified release tablet, 28

11451Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	64.64	25.00	Intuniv [TK]

guanfacine 3 mg modified release tablet, 28

11440D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	64.64	25.00	Intuniv [TK]

guanfacine 4 mg modified release tablet, 28

11441E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	64.64	25.00	Intuniv [TK]

Centrally acting sympathomimetics

▪ ARMODAFINIL

Note This drug is not PBS-subsidised when used in combination with PBS-subsidised dexamfetamine sulfate or modafinil.

Authority required

Narcolepsy

Treatment Phase: Initial 1 - treatment of narcolepsy without cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; OR
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a mean sleep latency less than or equal to 10 minutes on a Multiple Sleep Latency Test (MSLT); OR
- Patient must have an electroencephalographic (EEG) recording showing the pathologically rapid development of REM sleep, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:

(a) a psychiatric disorder;

(b) a cardiovascular disorder;

(c) a history of substance abuse;

(d) glaucoma;

(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

The MSLT must be preceded by nocturnal polysomnography. Sleep prior to the MSLT must be at least 6 hours in duration.

The authority application must be made in writing and must include the following:

(a) details of the proposed prescription; and

(b) a completed Narcolepsy Initial PBS authority application and Supporting information form; and

(c) details of the contraindication or intolerance to dexamfetamine sulfate; and

(d) either:

(i) the result and date of the polysomnography test and Multiple Sleep Latency Test (MSLT) conducted by, or under the supervision of, a qualified sleep medicine practitioner; or

(ii) the result and date of the electroencephalograph (EEG), conducted by, or under the supervision of, a neurologist.

The polysomnography, MSLT or EEG test reports must be provided with the authority application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Narcolepsy

Treatment Phase: Initial 2 - treatment of narcolepsy with cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; OR
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a definite history of cataplexy documented in their medical records for auditing purposes, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:

(a) a psychiatric disorder;

(b) a cardiovascular disorder;

(c) a history of substance abuse;

(d) glaucoma;

(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Narcolepsy

Treatment Phase: Continuing or change of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have previously received PBS-subsidised treatment with modafinil for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

armodafinil 50 mg tablet, 30

10922W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*101.76	25.00	Nuvigil [FW]

armodafinil 150 mg tablet, 30

10912H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	147.00	25.00	Nuvigil [FW]

armodafinil 250 mg tablet, 30

10919Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	238.77	25.00	Nuvigil [FW]

▪ ATOMOXETINE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7876

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Authority required (STREAMLINED)

7890

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

atomoxetine 10 mg capsule, 28

9092M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*74.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 100 mg capsule, 28

9290Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	62.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 18 mg capsule, 28

9093N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*74.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 25 mg capsule, 28

9094P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*74.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 40 mg capsule, 28

9095Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*74.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 60 mg capsule, 28

9096R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*74.18	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

atomoxetine 80 mg capsule, 28

9289X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	53.25	25.00	[a] APO-Atomoxetine [TX]	[a] Atomoxetine Sandoz [SZ]

▪ DEXAMFETAMINE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority required

Attention deficit hyperactivity disorder

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Treatment must be in accordance with the law of the relevant State or Territory.

Authority required

Narcolepsy

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

dexamfetamine sulfate 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1165H NP	1	5	..	26.30	25.00	Aspen Pharmacare Australia Pty Ltd [AS]

▪ LISDEXAMFETAMINE

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 70 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; OR
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; OR
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; OR
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

lisdexamfetamine dimesilate 30 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10486X NP	1	5	..	46.10	25.00	Vyvanse [TK]

lisdexamfetamine dimesilate 70 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10492F NP	1	5	..	46.10	25.00	Vyvanse [TK]

lisdexamfetamine dimesilate 20 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11884L NP	1	5	..	46.10	25.00	Vyvanse [TK]

lisdexamfetamine dimesilate 40 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11898F NP	1	5	..	46.10	25.00	Vyvanse [TK]

lisdexamfetamine dimesilate 50 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10474G NP	1	5	..	46.10	25.00	Vyvanse [TK]

lisdexamfetamine dimesilate 60 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11897E NP	1	5	..	46.10	25.00	Vyvanse [TK]

▪ METHYLPHENIDATE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Where an increase in maximum quantity is sought, under no circumstances will a quantity beyond 2 times the listed quantity be approved.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

Treatment must be in accordance with the law of the relevant State or Territory.

methylphenidate hydrochloride 10 mg tablet, 100

8839F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	36.96	25.00	[a] Artige [NM] [a] Ritalin 10 [NV]	[a] Rinidate [NB]

▪ METHYLPHENIDATE

Note Pharmaceutical benefits that have the form methylphenidate hydrochloride modified release tablet can be substituted for Concerta (Switzerland) in the case of a shortage

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 18 mg in the mornings, 36 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 72 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

methylphenidate hydrochloride 36 mg modified release tablet, 60

14862F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	5	..	*192.41	25.00	[a] Concerta (Switzerland) [DZ]

methylphenidate hydrochloride 36 mg modified release tablet, 30

2388Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	59.63	25.00	[a] Concerta [JC]	[a] Methylphenidate Sandoz XR [SZ]
					[a] METHYLPHENIDATE-TEVA XR [TB]	[a] Methylphenidate XR ARX [XT]

▪ METHYLPHENIDATE

Note Pharmaceutical benefits that have the brand Ritalin LA 40 mg (Switzerland) can be substituted for Attora LA, Ritalin LA or Rubifen LA in the case of a shortage.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; OR
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; OR

- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; OR
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

methylphenidate hydrochloride 40 mg modified release capsule, 30

15100R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	261.60	25.00	[a] Ritalin LA 40 mg (Switzerland) [KQ]

methylphenidate hydrochloride 40 mg modified release capsule, 30

2283E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	55.30	25.00	[a] ATTORA LA [XT] [a] Rubifen LA [AE]	[a] Ritalin LA [NV]

▪ METHYLPHENIDATE

Note Pharmaceutical benefits that have the brand Ritalin LA 30 mg (Switzerland) and Methylphenidate Orifarm 30 mg (Sweden) can be substituted for Ritalin LA and Rubifen LA in the case of a shortage.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; OR
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; OR
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; OR
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

methylphenidate hydrochloride 30 mg modified release capsule, 100

15070E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.3	5	..	*254.75	25.00	[a] Ritalin LA 30 mg (Switzerland) [KQ]

▪ METHYLPHENIDATE

Note Pharmaceutical benefits that have the form methylphenidate hydrochloride modified release tablet can be substituted for Concerta (Switzerland) in the case of a shortage

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 18 mg in the

mornings, 36 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 72 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

methylphenidate hydrochloride 18 mg modified release tablet, 60

14857Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	5	..	*149.68	25.00	[a] Concerta (Switzerland) [DZ]

methylphenidate hydrochloride 18 mg modified release tablet, 30

2387P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	52.51	25.00	[a] Concerta [JC]	[a] Methylphenidate Sandoz XR [SZ]
					[a] METHYLPHENIDATE-TEVA XR [TB]	[a] Methylphenidate XR ARX [XT]

▪ METHYLPHENIDATE

Note Pharmaceutical benefits that have the form methylphenidate hydrochloride modified release tablet can be substituted for Concerta (Switzerland) or Atenza (Spain) in the case of a shortage

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 18 mg in the mornings, 36 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 72 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

methylphenidate hydrochloride 54 mg modified release tablet, 60

14871Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	5	..	*220.14	25.00	[a] Concerta (Switzerland) [DZ]

methylphenidate hydrochloride 27 mg modified release tablet, 30

2172H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	56.06	25.00	[a] Concerta [JC]	[a] Methylphenidate Sandoz XR [SZ]
					[a] METHYLPHENIDATE-TEVA XR [TB]	[a] Methylphenidate XR ARX [XT]

methylphenidate hydrochloride 54 mg modified release tablet, 30

2432B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	67.49	25.00	[a] Concerta [JC]	[a] Methylphenidate Sandoz XR [SZ]
						[a] METHYLPHENIDATE-TEVA XR [TB]	[a] Methylphenidate XR ARX [XT]

▪ METHYLPHENIDATE

Note Pharmaceutical benefits that have the brand Methylphenidate Orifarm 60 mg (Sweden) can be substituted for Attora LA, Ritalin LA or Rubifen LA in the case of a shortage.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; OR
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; OR
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; OR
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

methylphenidate hydrochloride 60 mg modified release capsule, 30

12116Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	67.26	25.00	[a] ATTORA LA [XT]	[a] Ritalin LA [NV]
						[a] Rubifen LA [AE]	

▪ METHYLPHENIDATE

Note Pharmaceutical benefits that have the brand Ritalin LA 30 mg (Switzerland) and Methylphenidate Orifarm 30 mg (Sweden) can be substituted for Attora LA, Ritalin LA or Rubifen LA in the case of a shortage.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; OR
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; OR
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; OR
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

methylphenidate hydrochloride 30 mg modified release capsule, 30

15099Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	204.87	25.00	[a] Ritalin LA 30 mg (Switzerland) [KQ]

methylphenidate hydrochloride 30 mg modified release capsule, 30

2280B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	53.11	25.00	[a] ATTORA LA [XT] [a] Rubifen LA [AE]	[a] Ritalin LA [NV]

▪ METHYLPHENIDATE

Note Pharmaceutical benefits that have the brand Ritalin LA 20 mg (Switzerland) and Methylphenidate Orifarm 20 mg (Sweden) can be substituted for Attora LA, Ritalin LA or Rubifen LA in the case of a shortage.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; OR
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; OR
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; OR
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

methylphenidate hydrochloride 20 mg modified release capsule, 30

15101T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	196.16	25.00	[a] Ritalin LA 20 mg (Switzerland) [KQ]

methylphenidate hydrochloride 20 mg modified release capsule, 30

2276T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	46.71	25.00	[a] ATTORA LA [XT]	[a] Ritalin LA [NV]

[a] Rubifen LA [AE]

▪ NP METHYLPHENIDATE

Note Pharmaceutical benefits that have the brand Ritalin LA 10 mg (Switzerland) and Methylphenidate Orifarm 10 mg (Sweden) can be substituted for Attora LA, Ritalin LA or Rubifen LA in the case of a shortage.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only with PBS treatment. Divided dosing of PBS treatment is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought with an intent to titrate patient's dosage, repeats should only be sought for the listed target strength

Note A patient may only receive PBS-subsidised treatment with one form of long-acting methylphenidate at any one time.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg of PBS-subsidised treatment with this drug.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive; OR
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; OR
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; OR
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

methylphenidate hydrochloride 10 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15109F NP	1	5	..	240.13	25.00	[a] Ritalin LA 10 mg (Switzerland) [KQ]

methylphenidate hydrochloride 10 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3440C NP	1	5	..	38.73	25.00	[a] ATTORA LA [XT] [a] Rubifen LA [AE]	[a] Ritalin LA [NV]

▪ MODAFINIL

Note This drug is not PBS-subsidised when used in combination with PBS-subsidised dexamfetamine sulfate or armodafinil.

Authority required

Narcolepsy

Treatment Phase: Initial 1 - treatment of narcolepsy without cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; OR
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a mean sleep latency less than or equal to 10 minutes on a Multiple Sleep Latency Test (MSLT); OR
- Patient must have an electroencephalographic (EEG) recording showing the pathologically rapid development of REM sleep, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:

(a) a psychiatric disorder;

(b) a cardiovascular disorder;

(c) a history of substance abuse;
(d) glaucoma;
(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.
The MSLT must be preceded by nocturnal polysomnography. Sleep prior to the MSLT must be at least 6 hours in duration.
The authority application must be made in writing and must include the following:
(a) a completed authority prescription form; and
(b) a completed Narcolepsy Initial PBS authority application and Supporting information form; and
(c) details of the contraindication or intolerance to dexamfetamine sulfate; and
(d) either:
(i) the result and date of the polysomnography test and Multiple Sleep Latency Test (MSLT) conducted by, or under the supervision of, a qualified sleep medicine practitioner; or
(ii) the result and date of the electroencephalograph (EEG), conducted by, or under the supervision of, a neurologist.
The polysomnography, MSLT or EEG test reports must be provided with the authority application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required
Narcolepsy
Treatment Phase: Initial 2 - treatment of narcolepsy with cataplexy
Treatment criteria:
- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:
- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; OR
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a definite history of cataplexy documented in their medical records for auditing purposes, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:
(a) a psychiatric disorder;
(b) a cardiovascular disorder;
(c) a history of substance abuse;
(d) glaucoma;
(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required
Narcolepsy
Treatment Phase: Continuing or change of treatment
Clinical criteria:
- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have previously received PBS-subsidised treatment with armodafinil for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

modafinil 100 mg tablet, 60

8816B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*115.30	25.00	[a] APO-Modafinil [TX]	[a] Modafin [RW]
					[a] Modafinil GH [GQ]	[a] Modafinil Sandoz [SZ]
					[a] Modafinil Viatris [AL]	[a] MODAFINIL-WGR [WG]
		[B]9.12	*124.42	25.00	[a] Modavigil [FW]	

ANTI-DEMENTIA DRUGS

Anticholinesterases

▪ DONEPEZIL

Authority required (STREAMLINED)

13938

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

donepezil hydrochloride 10 mg tablet, 28

2479L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.70	20.24	[a] APO-Donepezil [TX]	[a] Arazil [AF]
						[a] Aridon 10 [RW]	[a] Aridon APN 10 [RF]
						[a] Donepezil GH [HQ]	[a] Donepezil Sandoz [SZ]
						[a] DONEPEZIL-WGR [WG]	
			[B]4.37	23.07	20.24	[a] Aricept [PF]	

donepezil hydrochloride 5 mg tablet, 28

2532G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.70	20.24	[a] APO-Donepezil [TX]	[a] Arazil [AF]
						[a] Aridon 5 [RW]	[a] Aridon APN 5 [RF]
						[a] Donepezil GH [HQ]	[a] Donepezil Sandoz [SZ]
						[a] DONEPEZIL-WGR [WG]	
			[B]4.40	23.10	20.24	[a] Aricept [PF]	

▪ DONEPEZIL

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;
(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;
(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.
Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

donepezil hydrochloride 10 mg tablet, 28

8496E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.70	20.24	[a] APO-Donepezil [TX] [a] Aridon 10 [RW] [a] Donepezil GH [HQ] [a] DONEPEZIL-WGR [WG]	[a] Arazil [AF] [a] Aridon APN 10 [RF] [a] Donepezil Sandoz [SZ]
		[B]4.37	23.07	20.24	[a] Aricept [PF]	

donepezil hydrochloride 5 mg tablet, 28

8495D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.70	20.24	[a] APO-Donepezil [TX] [a] Aridon 5 [RW] [a] Donepezil GH [HQ] [a] DONEPEZIL-WGR [WG]	[a] Arazil [AF] [a] Aridon APN 5 [RF] [a] Donepezil Sandoz [SZ]
		[B]4.40	23.10	20.24	[a] Aricept [PF]	

▪ GALANTAMINE

Authority required (STREAMLINED)

13938

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

galantamine 16 mg modified release capsule, 28

2537M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	40.32	25.00	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [IX]

galantamine 24 mg modified release capsule, 28

2531F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	45.30	25.00	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [IX]

galantamine 8 mg modified release capsule, 28

2463P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.59	25.00	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [IX]

▪ GALANTAMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

galantamine 16 mg modified release capsule, 28

8771P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	40.32	25.00	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [IX]

galantamine 24 mg modified release capsule, 28

8772Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	45.30	25.00	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [IX]

galantamine 8 mg modified release capsule, 28

8770N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	35.59	25.00	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [IX]

▪ RIVASTIGMINE

Authority required (STREAMLINED)

13938

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

rivastigmine 9.5 mg/24 hours patch, 30

2551G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	81.78	25.00	Exelon Patch 10 [NV]

rivastigmine 4.6 mg/24 hours patch, 30

2477J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	81.78	25.00	Exelon Patch 5 [NV]

rivastigmine 1.5 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2475G NP	1	5	..	81.78	25.00	Exelon [NV]

rivastigmine 3 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2493F NP	1	5	..	81.78	25.00	Exelon [NV]

rivastigmine 4.5 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2494G NP	1	5	..	81.78	25.00	Exelon [NV]

rivastigmine 6 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2526Y NP	1	5	..	81.78	25.00	Exelon [NV]

rivastigmine 13.3 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10538P NP	1	5	..	81.78	25.00	Exelon Patch 15 [NV]

▪ RIVASTIGMINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

rivastigmine 9.5 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9162F NP	1	5	..	81.78	25.00	Exelon Patch 10 [NV]

rivastigmine 4.6 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9161E NP	1	5	..	81.78	25.00	Exelon Patch 5 [NV]

rivastigmine 1.5 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8497F NP	1	5	..	81.78	25.00	Exelon [NV]

rivastigmine 3 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8498G NP	1	5	..	81.78	25.00	Exelon [NV]

rivastigmine 4.5 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8499H NP	1	5	..	81.78	25.00	Exelon [NV]

rivastigmine 6 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8500J NP	1	5	..	81.78	25.00	Exelon [NV]

rivastigmine 13.3 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10541T NP	1	5	..	81.78	25.00	Exelon Patch 15 [NV]

Other anti-dementia drugs

▪ MEMANTINE

Authority required (STREAMLINED)

13966

Moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

memantine hydrochloride 10 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2492E NP	1	5	..	43.66	25.00	[a] APO-Memantine [TX] [a] Memantine generichealth [GQ]	[a] Ebixa [LU] [a] Memanxa [RW]

memantine hydrochloride 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2513G NP	1	5	..	43.66	25.00	[a] APO-Memantine [TX] [a] Memantine generichealth [GQ]	[a] Ebixa [LU]

▪ MEMANTINE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 to 14, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE of 10 to 14.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

Authority required

Moderately severe Alzheimer disease

Treatment Phase: Initial

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 to 14 for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Up to a maximum of 6 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction.

memantine hydrochloride 10 mg tablet, 56

1956Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	43.66	25.00	[a] APO-Memantine [TX] [a] Memantine generichealth [GQ]	[a] Ebixa [LU] [a] Memanxa [RW]

memantine hydrochloride 20 mg tablet, 28

9306T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	43.66	25.00	[a] APO-Memantine [TX] [a] Memantine generichealth [GQ]	[a] Ebixa [LU]

▪ OTHER NERVOUS SYSTEM DRUGS

PARASYMPATHOMIMETICS

Anticholinesterases

▪ PYRIDOSTIGMINE

pyridostigmine bromide 10 mg tablet, 50

2724J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*26.88	25.00	Mestinon [IL]

pyridostigmine bromide 180 mg modified release tablet, 50

2608G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*93.92	25.00	Mestinon Timespan [IL]

pyridostigmine bromide 60 mg tablet, 150

1959D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	50.52	25.00	Mestinon [IL]

▪ PYRIDOSTIGMINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pyridostigmine bromide 10 mg tablet, 50

14392L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*39.40	25.00	Mestinon [IL]

pyridostigmine bromide 180 mg modified release tablet, 50

14462E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*176.44	25.00	Mestinon Timespan [IL]

pyridostigmine bromide 60 mg tablet, 150

14529Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*86.68	25.00	Mestinon [IL]

DRUGS USED IN ADDICTIVE DISORDERS

Drugs used in nicotine dependence

▪ BUPROPION

Note Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.
Note The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6881

Nicotine dependence

Treatment Phase: Completion of a short-term (9 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug during this current course of treatment, **AND**
- Patient must not receive more than 9 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

bupropion hydrochloride 150 mg modified release tablet, 90

8710K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	166.53	25.00	Zyban [AS]

▪ BUPROPION

Note Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.
Note The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months.
Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6882

Nicotine dependence

Treatment Phase: Commencement of a short-term (9 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 9 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

bupropion hydrochloride 150 mg modified release tablet, 30

8465M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	64.26	25.00	Zyban [AS]

▪ NICOTINE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Nicotine dependence

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must not be a PBS-benefit with other non-nicotine drugs that are PBS indicated for smoking cessation, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 2 x 12-week PBS-subsidised treatment courses per 12 month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

nicotine 14 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5572G NP	1	2	..	51.10	25.00	Nicotinell Step 2 [UI]

nicotine 21 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3414Q NP	1	2	..	51.10	25.00	Nicotinell Step 1 [UI]

nicotine 21 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5465P NP	1	2	..	51.10	25.00	Nicabate P [GJ]

nicotine 7 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5573H NP	1	2	..	51.10	25.00	Nicotinell Step 3 [UI]

nicotine 25 mg/16 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10076H NP	1	2	..	51.10	25.00	nicorette 16hr Invisipatch [JT]

▪ NICOTINE

Note Only 2 courses of PBS-subsidised nicotine replacement therapy may be prescribed per 12-month period. Benefit is improved if used in conjunction with a comprehensive support and counselling program.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Nicotine dependence

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition.

nicotine 21 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5571F NP	1	2	..	51.10	25.00	Nicotinell Step 1 [UI]

▪ VARENICLINE

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6885

Nicotine dependence

Treatment Phase: Completion of a short-term (24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug during this current course of treatment, **AND**
- Patient must have ceased smoking in the process of completing an initial 12-weeks or ceased smoking following an initial 12-weeks of PBS-subsidised treatment with this drug in the current course of treatment.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

varenicline 1 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5469W NP	1	2	..	70.12	25.00	[a] PHARMACOR VARENICLINE [CR] [a] Varenicline Lupin [GQ] [a] Varenicline Viatris [AF]	[a] VARENAPIX [TX] [a] Varenicline Sandoz [SZ]

▪ VARENICLINE

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7483

Nicotine dependence

Treatment Phase: Continuation of a short-term (12 weeks or 24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received treatment with this drug during this current course of treatment.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

varenicline 1 mg tablet, 56

9129L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*126.46	25.00	[a] PHARMACOR VARENICLINE [CR]	[a] VARENAPIX [TX]
					[a] Varenicline Lupin [GQ]	[a] Varenicline Sandoz [SZ]
					[a] Varenicline Viatris [AF]	

▪ VARENICLINE

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.
Note The period between commencing varenicline and bupropion or a new course of varenicline must be at least 6 months.
Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6871

Nicotine dependence

Treatment Phase: Commencement of a short-term (12 weeks or 24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 24 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.

varenicline 500 microgram tablet [11] (&) varenicline 1 mg tablet [42], 53

9128K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	61.66	25.00	[a] PHARMACOR VARENICLINE [CR]	[a] VARENAPIX [TX]
					[a] Varenicline Lupin [GQ]	[a] Varenicline Sandoz [SZ]
					[a] Varenicline Viatris [AF]	

Drugs used in alcohol dependence

▪ ACAMPROSATE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

5366

Alcohol dependence

Clinical criteria:

- The treatment must be part of a comprehensive treatment program with the goal of maintaining abstinence.

acamprosate calcium 333 mg enteric tablet, 180

8357W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	78.18	25.00	[a] ACAMPROSATE VIATRIS [MQ]	[a] ACAMPROSATE-WGR [WG]
					[a] APO-Acamprosate [TX]	[a] Campral [AF]

▪ NALTREXONE

Caution Naltrexone hydrochloride is contraindicated in patients receiving opioid drugs.
Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

13967

Alcohol dependence

Clinical criteria:

- The treatment must be part of a comprehensive treatment program with the goal of maintaining abstinence/controlled consumption.

naltrexone hydrochloride 50 mg tablet, 30

8370M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	94.34	25.00	[a] ARX-NALTREXONE [XT]	[a] Naltrexone GH [GQ]

NP

OTHER NERVOUS SYSTEM DRUGS

Other nervous system drugs

▪ AMIFAMPRIDINE

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Lambert-Eaton myasthenic syndrome (LEMS)

Clinical criteria:

- The condition must not be any of: (i) myasthenia gravis, (ii) Guillain-Barre syndrome.

Treatment criteria:

- Must be treated by a prescriber type identifying as at least one of the following: (i) a clinical immunologist, (ii) a neurologist, (iii) a medical practitioner working under the direct supervision of one of these mentioned specialists.

amifampridine 10 mg tablet, 100

13032X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*5703.26	25.00	Ruzurgi [LD]

▪ RILUZOLE

Authority required

Amyotrophic lateral sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be ambulatory; OR
- Patient must not be ambulatory, and must be able to either use upper limbs or to swallow, **AND**
- Patient must not have undergone a tracheostomy, **AND**
- Patient must not have experienced respiratory failure.

riluzole 50 mg/10 mL oral liquid, 300 mL

14429K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*391.72	25.00	Teglutik [JW]

NP

riluzole 50 mg tablet, 56

14393M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*204.38	25.00	[a] Pharmacor Riluzole [CR] [a] Riluzole Sandoz [SZ]	[a] Rilutek [SW]

NP

▪ RILUZOLE

Authority required

Amyotrophic lateral sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed by a neurologist, **AND**
- Patient must not have had the disease for more than 5 years, **AND**
- Patient must have at least 60 percent of predicted forced vital capacity within the 2 months before commencing therapy with this drug, **AND**
- Patient must be ambulatory; OR
- Patient must not be ambulatory, and must be able to either use upper limbs or to swallow, **AND**
- Patient must not have undergone a tracheostomy, **AND**
- Patient must not have experienced respiratory failure.

The date of diagnosis and the date and results of spirometry (in terms of percent of predicted forced vital capacity) must be supplied with the initial authority application.

Authority required

Amyotrophic lateral sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be ambulatory; OR
- Patient must not be ambulatory, and must be able to either use upper limbs or to swallow, **AND**
- Patient must not have undergone a tracheostomy, **AND**
- Patient must not have experienced respiratory failure.

riluzole 50 mg/10 mL oral liquid, 300 mL

11662T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*200.54	25.00	Teglutik [JW]

riluzole 50 mg tablet, 56

8664B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	107.23	25.00	[a] Pharmacor Riluzole [CR] [a] Riluzole Sandoz [SZ]	[a] Rilutek [SW]

▪ TAFAMIDIS

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Transthyretin amyloid cardiomyopathy

Treatment Phase: First PBS-subsidised prescription for this drug

Clinical criteria:

- The condition must have documented evidence of transthyretin precursor protein present, **AND**
- Patient must have experienced at least one episode of hospitalisation that was a direct result of heart failure; OR
- Patient must have clinical evidence of heart failure without hospitalisation that required treatment with a diuretic for improvement, **AND**
- Patient must have/have had New York Heart Association class I heart failure at the time of commencing this drug; OR
- Patient must have/have had New York Heart Association class II heart failure at the time of commencing this drug, **AND**
- Patient must have an end-diastolic interventricular septal wall thickness of at least 12 mm on imaging, **AND**
- Patient must have an estimated glomerular filtration rate (eGFR) greater than 25 mL/minute/1.73 m^2.

Treatment criteria:

- Must be treated by a medical practitioner who is any of the following: (i) a cardiologist, (ii) a consultant physician with experience in the management of amyloid disorders; this authority application must be sought by the same medical practitioner providing treatment.

Applications for authorisation of initial treatment must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of clinical findings to establish the diagnosis:

In this authority application, confirm that there is documented evidence of transthyretin precursor protein through either (1) alone, or, both (2) and (3), from the list below:

Confirm the following has been completed:

(1) amyloid expert centre histology findings derived via immunohistochemistry or mass spectrometry; OR

(2) bone scintigraphy with grade 2-3 finding AND

(3) Confirm that there are negative results for monoclonal protein on each of the following three tests:

(a) serum immunofixation (also known as protein electrophoresis)

(b) urine immunofixation

(c) serum free light chains blood test

State which of (1) to (3) above has been completed, as well as the:

(i) date of the finding,

(ii) imaging/pathology report number/code that links the finding to the patient,

(iii) name of the amyloid expert centre in this authority application (if applicable).

For end-diastolic interventricular septal wall thickness (at least 12 mm), confirm that:

(i) imaging (echocardiogram or magnetic resonance imaging) has been undertaken; and

(ii) that the imaging report is stored in the patient's medical records.

State the date that the imaging was performed and the thickness (in mm) in this authority application.

Where this authority application is to transition a patient from non-PBS-subsidised to PBS-subsidised supply (i.e. a 'grandfathered' patient), confirm the following:

(i) the patient's heart failure has not worsened to persistent New York Heart Association Class III/IV heart failure while taking this drug.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note The Australian Amyloid Network provides a list of clinic centres that manage amyloidosis. It also provides a list of Australian anatomical pathology laboratories to be contacted for tissue review and immunohistochemistry for amyloid typing. For the purposes of this restriction, these providers are considered to be amyloid expert centres.

Authority required

Transthyretin amyloid cardiomyopathy

Treatment Phase: Second and subsequent PBS-subsidised prescriptions for this drug

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have an estimated glomerular filtration rate (eGFR) greater than 25 mL/minute/1.73 m^2, **AND**
- The treatment must be ceased where the patient's heart failure has worsened to persistent New York Heart Association (NYHA) Class III/IV heart failure, **AND**
- The treatment must be ceased where the patient has received any of: (i) a heart transplant, (ii) a liver transplant, (iii) an implanted ventricular assist device.

Treatment criteria:

- Must be treated by a medical practitioner who is any of the following: (i) a cardiologist, (ii) a consultant physician with experience in the management of amyloid disorders; this authority application must be sought by the same medical practitioner providing treatment.

Confirm whether heart failure has worsened to NYHA Class III/IV since the last authority application (yes/no).

If 'no', continued PBS subsidy is available.

If 'yes', continued PBS subsidy is available, but the prescriber must undertake a review of the patient within 3 months to determine whether the worsening heart failure was transient or persistent.

Where this subsequent clinical review finds that the heart failure persists as NYHA Class III/IV heart failure despite active treatment with this drug, then PBS subsidy is not available.

If heart failure has worsened to NYHA Class III/IV since the last authority application, no more than 2 repeat prescriptions must be prescribed.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

tafamidis 61 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14100D	1	5	..	10189.56	25.00	Vyndamax [PF]

▪ TETRABENAZINE

Authority required (STREAMLINED)

16537

Hyperkinetic extrapyramidal disorders

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tetrabenazine 25 mg tablet, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1330B NP	1	5	..	205.93	25.00	[a] iNova Pharmaceuticals (Australia) Pty Ltd [IL]	[a] Tetrabenazine SUN [RA]

▪ TETRABENAZINE

Authority required (STREAMLINED)

16699

Hyperkinetic extrapyramidal disorders

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tetrabenazine 25 mg tablet, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14390J NP	2	5	..	*402.50	25.00	[a] iNova Pharmaceuticals (Australia) Pty Ltd [IL]	[a] Tetrabenazine SUN [RA]

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

ANTIPROTOZOALS

AGENTS AGAINST AMOEBIASIS AND OTHER PROTOZOAL DISEASES

Other agents against amoebiasis and other protozoal diseases

ATOVAQUONE

Authority required (STREAMLINED)

5609

Mild to moderate Pneumocystis carinii pneumonia

Population criteria:

- Patient must be an adult, **AND**
- Patient must be intolerant of trimethoprim/sulfamethoxazole therapy.

atovaquone 750 mg/5 mL oral liquid, 210 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8300W NP	‡1	..	..	743.28	25.00	[a] ATOVACUE [JM]	[a] Wellvone [AS]

ANTIMALARIALS

Biguanides

ATOVAQUONE + PROGUANIL

Note This drug is not PBS-subsidised for prophylaxis of malaria.

Restricted benefit

Confirmed or suspected Plasmodium falciparum malaria

Population criteria:

- Patient must be aged 3 years or older.

Clinical criteria:

- The treatment must be used where quinine containing regimens are inappropriate.

atovaquone 250 mg + proguanil hydrochloride 100 mg tablet, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9439T NP	1	..	..	55.81	25.00	[a] AtovaquoPro Lupin 250/100 [GQ]	[a] Malarone [GK]

Methanolquinolines

QUININE

Caution Severe thrombocytopenia has been reported with this drug.

Authority required (STREAMLINED)

5633

Malaria

quinine sulfate dihydrate 300 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1975Y NP	1	2	..	22.91	24.45	Quinate [RW]

Artemisinin and derivatives, combinations

ARTEMETHER + LUMEFANTRINE

Note This drug is not PBS-subsidised for prophylaxis of malaria.

Restricted benefit

Confirmed or suspected Plasmodium falciparum malaria

artemether 20 mg + lumefantrine 120 mg tablet, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9498X	1	..	..	64.78	25.00	Riamet [NV]

ANTHELMINTICS

ANTITREMATODALS

Quinoline derivatives and related substances

▪ PRAZIQUANTEL

Note Pharmaceutical benefits that have the brand Praziquantel tablets, USP 600 mg (Endo, USA) can be substituted for pharmaceutical benefits that have the brand Distocide (Korea) in the case of a shortage.

Authority required (STREAMLINED)

5659

Schistosomiasis

praziquantel 600 mg tablet, 8

15239C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.75	..	..	*139.82	25.00	[a] Distocide (Korea) [LM]

NP

Praziquantel 600 mg tablet, 6

15199Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	885.48	25.00	[a] Praziquantel Tablets, USP 600 mg (Endo, USA) [QY]

NP

ANTINEMATODAL AGENTS

Benzimidazole derivatives

▪ ALBENDAZOLE

Authority required (STREAMLINED)

5607

Hydatid disease

Clinical criteria:

- The treatment must be in conjunction with surgery; OR
- The treatment must be used when a surgical cure cannot be achieved; OR
- The treatment must be used when surgery cannot be used.

albendazole 400 mg tablet, 60

8459F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	114.00	25.00	Eskazole [AS]

▪ ALBENDAZOLE

Authority required (STREAMLINED)

5680

Tapeworm infestation

albendazole 200 mg tablet, 6

8503M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	29.62	25.00	Zentel [AS]

NP

▪ ALBENDAZOLE

Authority required (STREAMLINED)

5817

Whipworm infestation

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required (STREAMLINED)

5712

Strongyloidiasis

Authority required (STREAMLINED)

5797

Hookworm infestation

albendazole 200 mg tablet, 6

9047E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	29.62	25.00	Zentel [AS]

NP

Tetrahydropyrimidine derivatives

▪ PYRANTEL

pyrantel 250 mg tablet, 6

3048K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.08	24.62	Anthel 250 [AF]

NP

pyrantel 125 mg tablet, 6

3047J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	18.78	20.32	Anthel 125 [AF]

NP

Avermectines

▪ IVERMECTIN

Authority required (STREAMLINED)

4319

Onchocerciasis

ivermectin 3 mg tablet, 4

8359Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	31.41	25.00	Stromectol [MK]

▪ IVERMECTIN

Authority required (STREAMLINED)

4328

Strongyloidiasis

Authority required (STREAMLINED)

4565

Crusted (Norwegian) scabies

Clinical criteria:

- The condition must be established by clinical and/or parasitological examination, **AND**
- Patient must be undergoing topical therapy for this condition; OR
- Patient must have a contraindication to topical treatment.

Population criteria:

- Patient must weigh 15 kg or over, **AND**
- Patient must be 5 years of age or older.

Authority required (STREAMLINED)

4566

Human sarcoptic scabies

Clinical criteria:

- The condition must be established by clinical and/or parasitological examination, **AND**
- Patient must have completed and failed sequential treatment with topical permethrin and benzyl benzoate and finished the most recent course of topical therapy at least 4 weeks prior to initiating oral therapy; OR
- Patient must have a contraindication to topical treatment.

Population criteria:

- Patient must weigh 15 kg or over, **AND**
- Patient must be 5 years of age or older.

Note This drug is not PBS-subsidised for first line treatment of typical scabies.

Authority required (STREAMLINED)

12604

Human sarcoptic scabies

Clinical criteria:

- The condition must be established by clinical and/or parasitological examination.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander, **AND**
- Patient must weigh 15 kg or over, **AND**
- Patient must be 5 years of age or older.

ivermectin 3 mg tablet, 4

2868Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*48.46	25.00	Stromectol [MK]

▪ ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLENTS

ECTOPARASITICIDES, INCL. SCABICIDES

Pyrethrines, incl. synthetic compounds

▪ PERMETHRIN

permethrin 5% cream, 30 g

3054R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	21.46	23.00	Lyclear [UI]

▪ RESPIRATORY SYSTEM

▪ NASAL PREPARATIONS

DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE

Other nasal preparations

▪ MUPIROCIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6647

Staphylococcus aureus infection

Clinical criteria:

- Patient must have nasal colonisation with the bacteria.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

mupirocin 2% ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11822F NP	‡1	..	..	27.47	25.00	Mupirocin Nasal (Medsurge) [DZ]

mupirocin 2% ointment, 3 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9440W NP	‡1	..	..	24.05	25.00	Bactroban [GK]

▪ DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

ADRENERGICS, INHALANTS

Selective beta-2-adrenoreceptor agonists

▪ FORMOTEROL

Restricted benefit

Asthma

Clinical criteria:

- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; OR
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

formoterol fumarate dihydrate 12 microgram powder for inhalation, 60 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8136F NP	1	5	..	30.84	25.00	Foradile [SZ]

formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8240Q NP	‡1	5	..	30.36	25.00	Oxis Turbuhaler [AP]

formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8239P NP	‡1	5	..	25.00	25.00	Oxis Turbuhaler [AP]

▪ FORMOTEROL

Restricted benefit

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; OR
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

formoterol fumarate dihydrate 12 microgram powder for inhalation, 60 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14419X NP	2	5	..	*47.32	25.00	Foradile [SZ]

formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14517C NP	‡2	5	..	*46.36	25.00	Oxis Turbuhaler [AP]

formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14547P NP	‡2	5	..	*35.64	25.00	Oxis Turbuhaler [AP]

▪ INDACATEROL

Note This drug is not PBS-subsidised for the treatment of asthma.

Note The treatment must not be used in combination with an ICS/LABA, or LAMA/LABA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note An ICS/LABA includes budesonide/formoterol, fluticasone/salmeterol, or fluticasone/vilanterol
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit
Chronic obstructive pulmonary disease (COPD)

indacaterol 150 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5134F NP	1	5	..	58.90	25.00	Onbrez [NV]

indacaterol 300 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5137J NP	1	5	..	58.90	25.00	Onbrez [NV]

▪ INDACATEROL

Note This drug is not PBS-subsidised for the treatment of asthma.
Note The treatment must not be used in combination with an ICS/LABA, or LAMA/LABA
Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note An ICS/LABA includes budesonide/formoterol, fluticasone/salmeterol, or fluticasone/vilanterol
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

indacaterol 150 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14334K NP	2	5	..	*103.44	25.00	Onbrez [NV]

indacaterol 300 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14368F NP	2	5	..	*103.44	25.00	Onbrez [NV]

▪ SALBUTAMOL

salbutamol 100 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12109H NP	2	5	..	*25.68	25.00	[a] Zempreon CFC-Free with dose counter [AL]
			[B]0.88	*26.56	25.00	[a] Asmol CFC-Free with dose counter [AF]
			[B]5.80	*31.48	25.00	[a] Ventolin CFC-Free with dose counter [GK]

▪ SALBUTAMOL

Restricted benefit
Bronchospasm
Clinical criteria:
- Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

salbutamol 100 microgram/actuation breath activated inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8354Q NP	2	5	..	*41.50	25.00	Airomir Autohaler [IL]

▪ SALBUTAMOL

Note Pharmaceutical benefits that have a 30 x 2 pack size and a 20 x 3 pack size are equivalent for the purposes of substitution.

Restricted benefit
Asthma
Clinical criteria:
- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

11130T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	[B]4.68	*28.71	25.00	Ventolin Nebules [GK]

▪ SALBUTAMOL

Note Pharmaceutical benefits that have the brand Salbutamol (as sulfate) (Accord, UK) may be substituted for pharmaceutical benefits that have the brand Ventolin Nebules or Salbutamol Cipla in case of shortage.

Note Pharmaceutical benefits that have a 30 x 2 pack size and a 20 x 3 pack size are equivalent for the purposes of substitution.

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

2001H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*24.82	25.00	[a] Salbutamol Cipla [LR]

salbutamol 5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

11095Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	[B]4.65	*29.07	25.00	[a] Ventolin Nebules [GK]

salbutamol 5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

15348T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*173.04	25.00	[a] Salbutamol (as sulfate) (Accord, UK) [OJ]

▪ SALMETEROL

Restricted benefit

Asthma

Clinical criteria:

- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; OR
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8141L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	30.84	25.00	Serevent Accuhaler [GK]

▪ SALMETEROL

Restricted benefit

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; OR
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

14328D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*47.32	25.00	Serevent Accuhaler [GK]

▪ TERBUTALINE

Authority required (STREAMLINED)

9828
Bronchospasm
Clinical criteria:
- Patient must be unable to achieve co-ordinated use of a metered dose inhaler containing a short-acting beta-2 agonist; OR
- Patient must have developed a clinically important product-related adverse event during treatment with another short-acting beta-2 agonist.

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

terbutaline sulfate 500 microgram/actuation powder for inhalation, 120 actuations

12267P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*28.58	25.00	Bricanyl Turbuhaler [AP]

NP

Adrenergics in combination with corticosteroids or other drugs, excl. anticholinergics

▪ BECLOMETASONE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.
Note This product is not PBS-subsidised for use as 'anti-inflammatory reliever' therapy for mild asthma.

Authority required (STREAMLINED)
15469
Asthma
Clinical criteria:
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Population criteria:
- Patient must be at least 18 years of age.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

12183F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	37.65	25.00	[a] Cipla Beclometasone/Formoterol 100/6 [LR]	[a] Fostair [EU]

NP

▪ BECLOMETASONE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.
Note This product is not PBS-subsidised for use as 'anti-inflammatory reliever' therapy for mild asthma.

Authority required (STREAMLINED)
15599
Asthma
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Population criteria:
- Patient must be at least 18 years of age.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14376P NP	‡2	5	..	*60.94	25.00	[a] Cipla Beclometasone/Formoterol 100/6 [LR]	[a] Fostair [EU]

▪ BECLOMETASONE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Note This product is not PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not PBS-subsidised for use as 'anti-inflammatory reliever' therapy for mild asthma.

Authority required (STREAMLINED)

11057

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 18 years or older.

beclometasone dipropionate 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
13205B NP	‡1	5	..	47.53	25.00	[a] Cipla Beclometasone/Formoterol 200/6 [LR]	[a] Fostair 200/6 [EU]

▪ BECLOMETASONE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Note This product is not PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not PBS-subsidised for use as 'anti-inflammatory reliever' therapy for mild asthma.

Authority required (STREAMLINED)

15656

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 18 years or older.

beclometasone dipropionate 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14538E NP	‡2	5	..	*80.70	25.00	[a] Cipla Beclometasone/Formoterol 200/6 [LR]	[a] Fostair 200/6 [EU]

▪ BUDESONIDE + FORMOTEROL

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Authority required (STREAMLINED)

10482

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Population criteria:

- Patient must be aged 12 years or over.

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

12042T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	2	..	*42.32	25.00	[a] Rilast RAPIHALER 100/3 [XT]
		[B]4.82	*47.14	25.00	[a] Symbicort Rapihaler 100/3 [AP]

▪ BUDESONIDE + FORMOTEROL

Note Patient must be aged 12 years or over.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Authority required (STREAMLINED)

10464

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

14166N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	2	..	*37.66	25.00	Bufomix Easyhaler 200/6 [OX]

▪ BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 18 years or older.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Authority required (STREAMLINED)

10464

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12029D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	37.65	25.00	[a] DuoResp Spiromax [EV]

▪ BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 12 years or over.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Authority required (STREAMLINED)

10464

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12041R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	2	..	37.65	25.00	[a] Bufomix EASYHALER 200/6 [OX]	[a] Rilast TURBUHALER 200/6 [XT]
		[B]3.88	41.53	25.00	[a] Symbicort Turbuhaler 200/6 [AP]	

▪ BUDESONIDE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4380

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Population criteria:

- Patient must be aged 12 years or over.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

8796Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	41.05	25.00	Symbicort Turbuhaler 100/6 [AP]

▪ BUDESONIDE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4397

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist.

Population criteria:

- Patient must be aged 12 years or over.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

10015D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*42.32	25.00	[a] Rilast RAPIHALER 100/3 [XT]
		[B]4.82	*47.14	25.00	[a] Symbicort Rapihaler 100/3 [AP]

▪ BUDESONIDE + FORMOTEROL

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10538

Asthma

Clinical criteria:

- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:

- Must be treated by a respiratory physician; OR
- Must be treated by a paediatrician.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

12082X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*60.38	25.00	[a] Cipla Budesonide + Formoterol 200/6 [LR]	[a] Rilast RAPIHALER 200/6 [XT]
		[B]4.82	*65.20	25.00	[a] Symbicort Rapihaler 200/6 [AP]	

▪ BUDESONIDE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10538

Asthma

Clinical criteria:

- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:

- Must be treated by a respiratory physician; OR
- Must be treated by a paediatrician.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

14159F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*37.66	25.00	Bufomix Easyhaler 200/6 [OX]

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12101X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	41.05	25.00	Symbicort Turbuhaler 100/6 [AP]

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12093L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	37.65	25.00	[a] Bufomix EASYHALER 200/6 [OX] [a] Rilast TURBUHALER 200/6 [XT]	[a] DuoResp Spiromax [EV]
		[B]3.88	41.53	25.00	[a] Symbicort Turbuhaler 200/6 [AP]	

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

12089G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*42.32	25.00	[a] Rilast RAPIHALER 100/3 [XT]
		[B]4.82	*47.14	25.00	[a] Symbicort Rapihaler 100/3 [AP]

▪ BUDESONIDE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15577
Asthma
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:
- Must be treated by a respiratory physician; OR
- Must be treated by a paediatrician.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14437W	‡2	5	..	*67.74	25.00	Symbicort Turbuhaler 100/6 [AP]

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14365C	‡2	5	..	*60.94	25.00	[a] Bufomix EASYHALER 200/6 [OX] [a] Rilast TURBUHALER 200/6 [XT]	[a] DuoResp Spiromax [EV]
			[B]7.76	*68.70	25.00	[a] Symbicort Turbuhaler 200/6 [AP]	

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14535B	‡4	5	..	*70.28	25.00	[a] Rilast RAPIHALER 100/3 [XT]
			[B]9.64	*79.92	25.00	[a] Symbicort Rapihaler 100/3 [AP]

▪ BUDESONIDE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15755
Asthma
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Population criteria:
- Patient must be aged 12 years or over.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14440B (NP)	‡2	5	..	*67.74	25.00	Symbicort Turbuhaler 100/6 [AP]

▪ BUDESONIDE + FORMOTEROL

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15577
Asthma
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:
- Must be treated by a respiratory physician; OR
- Must be treated by a paediatrician.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

14436T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡4	5	..	*106.40	25.00	[a] Cipla Budesonide + Formoterol 200/6 [LR]	[a] Rilast RAPIHALER 200/6 [XT]
		[B]9.72	*116.12	25.00	[a] Symbicort Rapihaler 200/6 [AP]	

▪ BUDESONIDE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
15702
Asthma
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist.

Population criteria:
- Patient must be aged 12 years or over.

budesonide 100 microgram/actuation + formoterol fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

14467K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*70.28	25.00	[a] Rilast RAPIHALER 100/3 [XT]
		[B]9.64	*79.92	25.00	[a] Symbicort Rapihaler 100/3 [AP]

▪ BUDESONIDE + FORMOTEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
18114
Asthma
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:
- Must be treated by a respiratory physician; OR
- Must be treated by a paediatrician.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

15233R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*60.96	25.00	Bufomix Easyhaler 200/6 [OX]

▪ BUDESONIDE + FORMOTEROL

Note Patient must be aged 12 years or over.
Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
7970
Asthma
Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

14151T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*37.66	25.00	Bufomix Easyhaler 200/6 [OX]

▪ BUDESONIDE + FORMOTEROL

Note Patient must be aged 12 years or over.
Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
18055
Asthma
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

15240D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*60.96	25.00	Bufomix Easyhaler 200/6 [OX]

▪ BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.
Note Patient must be aged 18 years or older.
Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
7970

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

11273H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	37.65	25.00	[a] DuoResp Spiromax [EV]

▪ BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 12 years or over.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7970

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

8625Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	37.65	25.00	[a] Bufomix EASYHALER 200/6 [OX]	[a] Rilast TURBUHALER 200/6 [XT]
		[B]3.88	41.53	25.00	[a] Symbicort Turbuhaler 200/6 [AP]	

▪ BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 18 years or older.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15680

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14434Q NP	‡2	5	..	*60.94	25.00	[a] DuoResp Spiromax [EV]

▪ BUDESONIDE + FORMOTEROL

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brands Bufomix EASYHALER 200/6, Symbicort Turbuhaler 200/6 and Rilast TURBUHALER 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 12 years or over.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15680

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14439Y NP	‡2	5	..	*60.94	25.00	[a] Bufomix EASYHALER 200/6 [OX]	[a] Rilast TURBUHALER 200/6 [XT]
			[B]7.76	*68.70	25.00	[a] Symbicort Turbuhaler 200/6 [AP]	

▪ BUDESONIDE + FORMOTEROL

Authority required (STREAMLINED)

4404

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

10018G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*60.38	25.00	[a] Cipla Budesonide + Formoterol 200/6 [LR]	[a] Rilast RAPIHALER 200/6 [XT]
		[B]4.82	*65.20	25.00	[a] Symbicort Rapihaler 200/6 [AP]	

▪ BUDESONIDE + FORMOTEROL

Authority required (STREAMLINED)

15615

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15548

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

14468L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*106.40	25.00	[a] Cipla Budesonide + Formoterol 200/6 [LR]	[a] Rilast RAPIHALER 200/6 [XT]
		[B]9.72	*116.12	25.00	[a] Symbicort Rapihaler 200/6 [AP]	

▪ BUDESONIDE + FORMOTEROL

Note For prescriptions written for the Maximum Quantity of 2 inhalers (units), item code 11301T (2x60 pack) and item code 13258T (1x60 pack) are substitutable when dispensing 2 inhalers.

Note Pharmaceutical benefits that have the form budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations and pharmaceutical benefits that have the form budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations are equivalent for the purposes of substitution when dispensing 2 inhalers at one time.

Authority required (STREAMLINED)

7979

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note Patient must be aged 18 years or older.

Note Budesonide/formoterol fumarate dihydrate powder for inhalation 400/12 microgram strength inhalers are not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

13258T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*60.40	25.00	[a] Bufomix Easyhaler 400/12 [OX] [a] Rilast TURBUHALER 400/12 [XT]	[a] DuoResp Spiromax [EV]
		[B]3.88	*64.28	25.00	[a] Symbicort TURBUHALER 400/12 [AP]	

budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations

11301T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	60.40	25.00	[a] DuoResp Spiromax [EV]

▪ BUDESONIDE + FORMOTEROL

Note For prescriptions written for the Maximum Quantity of 2 inhalers (units), item code 11301T (2x60 pack) and item code 13258T (1x60 pack) are substitutable when dispensing 2 inhalers.

Note Pharmaceutical benefits that have the form budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations and pharmaceutical benefits that have the form budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations are equivalent for the purposes of substitution when dispensing 2 inhalers at one time.

Authority required (STREAMLINED)

15617

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note Patient must be aged 18 years or older.

Note Budesonide/formoterol fumarate dihydrate powder for inhalation 400/12 microgram strength inhalers are not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15548

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

14398T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*106.44	25.00	[a] Bufomix Easyhaler 400/12 [OX] [a] Rilast TURBUHALER 400/12 [XT]	[a] DuoResp Spiromax [EV]
		[B]7.76	*114.20	25.00	[a] Symbicort TURBUHALER 400/12 [AP]	

budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations

14435R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*106.44	25.00	[a] DuoResp Spiromax [EV]

▪ FLUTICASONE FUROATE + VILANTEROL

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4731

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

fluticasone furoate 200 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

11129R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	70.15	25.00	Breo Ellipta 200/25 [GK]

▪ FLUTICASONE FUROATE + VILANTEROL

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15692

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

fluticasone furoate 200 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

14345B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*126.52	25.00	Breo Ellipta 200/25 [GK]

▪ FLUTICASONE FUROATE + VILANTEROL

Authority required (STREAMLINED)

4711

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone furoate 100 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11124L NP	‡1	5	..	55.86	25.00	Breo Ellipta 100/25 [GK]

▪ FLUTICASONE FUROATE + VILANTEROL

Authority required (STREAMLINED)

15546

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15548

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone furoate 100 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14379T NP	‡2	5	..	*97.36	25.00	Breo Ellipta 100/25 [GK]

▪ FLUTICASONE PROPIONATE + FORMOTEROL

Note Flutiform is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note Flutiform is not indicated or PBS-subsidised for bronchodilator therapy in COPD.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4395
Asthma
Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

fluticasone propionate 50 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2827T NP	‡1	5	..	39.40	25.00	flutiform 50/5 [MF]

fluticasone propionate 125 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10007Q NP	‡1	5	..	39.96	25.00	flutiform 125/5 [MF]

fluticasone propionate 250 microgram/actuation + formoterol fumarate dihydrate 10 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10008R NP	‡1	5	..	51.32	25.00	flutiform 250/10 [MF]

▪ FLUTICASONE PROPIONATE + FORMOTEROL

Note Flutiform is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note Flutiform is not indicated or PBS-subsidised for bronchodilator therapy in COPD.
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15635
Asthma
Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

fluticasone propionate 50 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14411L NP	‡2	5	..	*64.44	25.00	flutiform 50/5 [MF]

fluticasone propionate 125 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14343X NP	‡2	5	..	*65.56	25.00	flutiform 125/5 [MF]

fluticasone propionate 250 microgram/actuation + formoterol fumarate dihydrate 10 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14344Y NP	‡2	5	..	*88.28	25.00	flutiform 250/10 [MF]

▪ FLUTICASONE PROPIONATE + SALMETEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4930

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8518H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	42.59	25.00	[a] Evocair MDI [AF]	[a] Fluticasone + Salmeterol Cipla 125/25 [LR]
					[a] Pavtide [TX]	[a] SalplusF Inhaler 125/25 [SZ]
		[B]4.85	47.44	25.00	[a] Seretide MDI 125/25 [GK]	

fluticasone propionate 50 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8517G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	43.92	25.00	[a] PAVTIDE MDI 50/25 [TX]
		[B]3.88	47.80	25.00	[a] Seretide MDI 50/25 [GK]

fluticasone propionate 100 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8430Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	43.92	25.00	[a] PAVTIDE ACCUHALER 100/50 [TX]
		[B]3.88	47.80	25.00	[a] Seretide Accuhaler 100/50 [GK]

▪ FLUTICASONE PROPIONATE + SALMETEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15138

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

fluticasone propionate 250 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8431R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	42.59	25.00	[a] Fluticasone Salmeterol Ciphaler 250/50 [LR]	[a] PAVTIDE ACCUHALER 250/50 [TX]
					[a] Salflumix Easyhaler 250/50 [OX]	[a] SalplusF DPI 250/50 [SZ]
		[B]4.85	47.44	25.00	[a] Seretide Accuhaler 250/50 [GK]	

▪ FLUTICASONE PROPIONATE + SALMETEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15604

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14544L NP	‡2	5	..	*70.82	25.00	[a] Evocair MDI [AF]	[a] Fluticasone + Salmeterol Cipla 125/25 [LR]
						[a] Pavtide [TX]	[a] SalplusF Inhaler 125/25 [SZ]
			[B]9.70	*80.52	25.00	[a] Seretide MDI 125/25 [GK]	

fluticasone propionate 50 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14414P NP	‡2	5	..	*73.48	25.00	[a] PAVTIDE MDI 50/25 [TX]
			[B]7.76	*81.24	25.00	[a] Seretide MDI 50/25 [GK]

fluticasone propionate 100 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14413N NP	‡2	5	..	*73.48	25.00	[a] PAVTIDE ACCUHALER 100/50 [TX]
			[B]7.76	*81.24	25.00	[a] Seretide Accuhaler 100/50 [GK]

▪ FLUTICASONE PROPIONATE + SALMETEROL

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15693

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

fluticasone propionate 250 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14449L NP	‡2	5	..	*70.82	25.00	[a] Fluticasone Salmeterol Ciphaler 250/50 [LR]	[a] PAVTIDE ACCUHALER 250/50 [TX]
						[a] Salflumix Easyhaler 250/50 [OX]	[a] SalplusF DPI 250/50 [SZ]
			[B]9.70	*80.52	25.00	[a] Seretide Accuhaler 250/50 [GK]	

▪ FLUTICASONE PROPIONATE + SALMETEROL

Authority required (STREAMLINED)

15118

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone propionate 500 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8432T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	52.59	25.00	[a] Fluticasone Salmeterol Ciphaler 500/50 [LR]	[a] PAVTIDE ACCUHALER 500/50 [TX]
					[a] Salflumix Easyhaler 500/50 [OX]	[a] SalplusF DPI 500/50 [SZ]
		[B]3.88	56.47	25.00	[a] Seretide Accuhaler 500/50 [GK]	

▪ FLUTICASONE PROPIONATE + SALMETEROL

Authority required (STREAMLINED)

4930

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.
Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8519J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	52.59	25.00	[a] Evocair MDI [AF]	[a] Fluticasone + Salmeterol Cipla 250/25 [LR]
					[a] Pavtide [TX]	[a] SalplusF Inhaler 250/25 [SZ]
		[B]3.88	56.47	25.00	[a] Seretide MDI 250/25 [GK]	

▪ FLUTICASONE PROPIONATE + SALMETEROL

Authority required (STREAMLINED)

15715

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15548

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

14311F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*90.82	25.00	[a] Evocair MDI [AF]	[a] Fluticasone + Salmeterol Cipla 250/25 [LR]
					[a] Pavtide [TX]	[a] SalplusF Inhaler 250/25 [SZ]
		[B]7.76	*98.58	25.00	[a] Seretide MDI 250/25 [GK]	

▪ FLUTICASONE PROPIONATE + SALMETEROL

Authority required (STREAMLINED)

15714

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15548

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone propionate 500 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

14450M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*90.82	25.00	[a] Fluticasone Salmeterol Ciphaler 500/50 [LR]	[a] PAVTIDE ACCUHALER 500/50 [TX]
					[a] Salflumix Easyhaler 500/50 [OX]	[a] SalplusF DPI 500/50 [SZ]
		[B]7.76	*98.58	25.00	[a] Seretide Accuhaler 500/50 [GK]	

▪ INDACATEROL + MOMETASONE

Note This product is not indicated for the initiation of treatment in asthma

Note This product is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

11360

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

indacaterol 125 microgram + mometasone furoate 62.5 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12269R NP	1	5	..	38.14	25.00	Atectura Breezhaler [NV]

indacaterol 125 microgram + mometasone furoate 260 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12279G NP	1	5	..	59.13	25.00	Atectura Breezhaler [NV]

indacaterol 125 microgram + mometasone furoate 127.5 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12289T NP	1	5	..	43.77	25.00	Atectura Breezhaler [NV]

▪ INDACATEROL + MOMETASONE

Note This product is not indicated for the initiation of treatment in asthma

Note This product is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15653

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

indacaterol 125 microgram + mometasone furoate 62.5 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14332H NP	2	5	..	*61.92	25.00	Atectura Breezhaler [NV]

indacaterol 125 microgram + mometasone furoate 260 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14441C NP	2	5	..	*103.90	25.00	Atectura Breezhaler [NV]

indacaterol 125 microgram + mometasone furoate 127.5 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14333J NP	2	5	..	*73.18	25.00	Atectura Breezhaler [NV]

Adrenergics in combination with anticholinergics incl. triple combinations with corticosteroids

▪ ACLIDINIUM + FORMOTEROL

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

aclidinium 340 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

10565C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	78.59	25.00	Brimica Genuair [FK]

▪ ACLIDINIUM + FORMOTEROL

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15691

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

aclidinium 340 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

14410K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*144.24	25.00	Brimica Genuair [FK]

▪ BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

12349

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; OR
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

12468F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	73.86	25.00	Trimbow [EU]

▪ BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This product is not indicated for the initiation of treatment in asthma

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

12603

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

14606R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	73.86	25.00	Trimbow [EU]

▪ BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

15543

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; OR
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

14310E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*134.32	25.00	Trimbow [EU]

▪ BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).
Note This product is not indicated for the initiation of treatment in asthma
Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

18121

Severe asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**

- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

beclometasone dipropionate 100 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

15243G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*134.32	25.00	Trimbow [EU]

▪ BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This product is not indicated for the initiation of treatment in asthma

Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

12603

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

beclometasone dipropionate 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

13200R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	78.84	25.00	Trimbow [EU]

▪ BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This product is not indicated for the initiation of treatment in asthma

Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

18121

Severe asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

beclometasone dipropionate 200 microgram/actuation + formoterol fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

15232Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*144.76	25.00	Trimbow [EU]

NP

▪ BUDESONIDE + GLYCOPYRRONIUM + FORMOTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

12349

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; OR
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

budesonide 160 microgram/actuation + glycopyrronium 7.2 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

12672Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	77.91	25.00	Breztri Aerosphere [AP]

NP

▪ BUDESONIDE + GLYCOPYRRONIUM + FORMOTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

15543

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; OR
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

budesonide 160 microgram/actuation + glycopyrronium 7.2 microgram/actuation + formoterol fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

14536C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*142.82	25.00	Breztri Aerosphere [AP]

NP

▪ FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

12349

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; OR
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

fluticasone furoate 100 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

11379X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	84.09	25.00	Trelegy Ellipta 100/62.5/25 [GK]

▪ FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

15543

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; OR
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

fluticasone furoate 100 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

14346C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*155.80	25.00	Trelegy Ellipta 100/62.5/25 [GK]

▪ FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).

Note This product is not indicated for the initiation of treatment in asthma

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

12603
Severe asthma
Clinical criteria:
- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:
- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

fluticasone furoate 200 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

12917W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	87.69	25.00	Trelegy Ellipta 200/62.5/25 [GK]

▪ FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This pharmaceutical benefit is not for the treatment of chronic obstructive pulmonary disease (COPD).

Note This product is not indicated for the initiation of treatment in asthma

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

15601
Severe asthma
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:
- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

fluticasone furoate 200 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

14382Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*163.36	25.00	Trelegy Ellipta 200/62.5/25 [GK]

▪ INDACATEROL + GLYCOPYRRONIUM

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7798
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

indacaterol 110 microgram + glycopyrronium 50 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10156M NP	1	5	..	85.69	25.00	ultibro breezhaler 110/50 [NV]

▪ INDACATEROL + GLYCOPYRRONIUM

Note This product is not PBS-subsidised for the treatment of asthma.
Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15691

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

indacaterol 110 microgram + glycopyrronium 50 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14504J NP	2	5	..	*159.16	25.00	ultibro breezhaler 110/50 [NV]

▪ INDACATEROL + GLYCOPYRRONIUM + MOMETASONE

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note This product is not indicated for the initiation of treatment in asthma
Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

12603

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

indacaterol 114 microgram + glycopyrronium 46 microgram + mometasone furoate 136 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12295D NP	1	5	..	87.68	25.00	Enerzair Breezhaler [NV]

indacaterol 114 microgram + glycopyrronium 46 microgram + mometasone furoate 68 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12298G NP	1	5	..	72.33	25.00	Enerzair Breezhaler [NV]

▪ INDACATEROL + GLYCOPYRRONIUM + MOMETASONE

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au);

the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note This product is not indicated for the initiation of treatment in asthma

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required (STREAMLINED)

15601

Severe asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

indacaterol 114 microgram + glycopyrronium 46 microgram + mometasone furoate 136 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14399W NP	2	5	..	*163.34	25.00	Enerzair Breezhaler [NV]

indacaterol 114 microgram + glycopyrronium 46 microgram + mometasone furoate 68 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14471P NP	2	5	..	*131.10	25.00	Enerzair Breezhaler [NV]

▪ TIOTROPIUM + OLODATEROL

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

tiotropium 2.5 microgram/actuation + olodaterol 2.5 microgram/actuation inhalation solution, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10557P NP	‡1	5	..	74.09	25.00	Spiolto Respimat [BY]

▪ TIOTROPIUM + OLODATEROL

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15691

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

tiotropium 2.5 microgram/actuation + olodaterol 2.5 microgram/actuation inhalation solution, 2 x 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14849M NP	‡1	5	..	134.80	25.00	Spiolto Respimat [BY]

▪ UMECLIDINIUM + VILANTEROL

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10188F NP	‡1	5	..	85.68	25.00	Anoro Ellipta 62.5/25 [GK]

▪ UMECLIDINIUM + VILANTEROL

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15691

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14358Q NP	‡2	5	..	*159.14	25.00	Anoro Ellipta 62.5/25 [GK]

OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS

Glucocorticoids

▪ BECLOMETASONE

beclometasone dipropionate 50 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8406K NP	‡1	5	..	21.22	22.76	Qvar 50 [IL]

beclometasone dipropionate 100 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8407L NP	‡1	5	..	28.77	25.00	Qvar 100 [IL]

▪ BECLOMETASONE

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

beclometasone dipropionate 100 microgram/actuation breath activated inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8409N NP	‡1	5	..	31.79	25.00	Qvar 100 Autohaler [IL]

▪ BECLOMETASONE

Restricted benefit

Asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

beclometasone dipropionate 100 microgram/actuation breath activated inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14514X NP	‡2	5	..	*49.22	25.00	Qvar 100 Autohaler [IL]

▪ BECLOMETASONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

beclometasone dipropionate 50 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14540G NP	‡2	5	..	*28.08	25.00	Qvar 50 [IL]

beclometasone dipropionate 100 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14541H NP	‡2	5	..	*43.18	25.00	Qvar 100 [IL]

▪ BUDESONIDE

budesonide 100 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2070Y NP	‡1	5	..	23.38	24.92	Pulmicort Turbuhaler [AP]

budesonide 200 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2071B NP	‡1	5	..	30.54	25.00	Pulmicort Turbuhaler [AP]

budesonide 400 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2072C NP	‡1	5	..	35.77	25.00	Pulmicort Turbuhaler [AP]

▪ BUDESONIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

budesonide 100 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14331G NP	‡2	5	..	*32.40	25.00	Pulmicort Turbuhaler [AP]

budesonide 200 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14503H NP	‡2	5	..	*46.72	25.00	Pulmicort Turbuhaler [AP]

budesonide 400 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14470N NP	‡2	5	..	*57.18	25.00	Pulmicort Turbuhaler [AP]

▪ BUDESONIDE

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6340

Severe chronic asthma

Clinical criteria:

- Patient must require long-term steroid therapy, **AND**
- Patient must not be able to use other forms of inhaled steroid therapy.

budesonide 1 mg/2 mL inhalation solution, 30 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2066R NP	‡1	5	..	87.37	25.00	Pulmicort Respules [AP]

budesonide 500 microgram/2 mL inhalation solution, 30 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2065Q NP	‡1	5	..	87.37	25.00	Pulmicort Respules [AP]

▪ BUDESONIDE

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

15578

Severe chronic asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must require long-term steroid therapy, **AND**
- Patient must not be able to use other forms of inhaled steroid therapy.

budesonide 1 mg/2 mL inhalation solution, 30 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14469M NP	‡2	5	..	*162.68	25.00	Pulmicort Respules [AP]

budesonide 500 microgram/2 mL inhalation solution, 30 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14438X NP	‡2	5	..	*162.68	25.00	Pulmicort Respules [AP]

▪ CICLESONIDE

ciclesonide 160 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8854B NP	‡1	5	..	33.55	25.00	Alvesco 160 [EU]

ciclesonide 80 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8853Y NP	‡1	5	..	24.87	25.00	Alvesco 80 [EU]

▪ CICLESONIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ciclesonide 160 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14348E NP	‡2	5	..	*52.74	25.00	Alvesco 160 [EU]

ciclesonide 80 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14312G NP	‡2	5	..	*35.38	25.00	Alvesco 80 [EU]

▪ FLUTICASONE FUROATE

fluticasone furoate 100 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11719T NP	‡1	5	..	29.87	25.00	Arnuity Ellipta [GK]

fluticasone furoate 200 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11729H NP	‡1	5	..	42.90	25.00	Arnuity Ellipta [GK]

▪ FLUTICASONE FUROATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluticasone furoate 100 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14515Y NP	‡2	5	..	*45.38	25.00	Arnuity Ellipta [GK]

fluticasone furoate 200 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14380W NP	‡2	5	..	*71.44	25.00	Arnuity Ellipta [GK]

▪ FLUTICASONE PROPIONATE

fluticasone propionate 100 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8147T NP	‡1	5	..	20.05	21.59	[a] Axotide Junior Accuhaler [TX]
			[B]3.87	23.92	21.59	[a] Flixotide Junior Accuhaler [GK]

fluticasone propionate 250 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8148W NP	‡1	5	..	27.28	25.00	[a] Axotide Accuhaler [TX]
			[B]3.88	31.16	25.00	[a] Flixotide Accuhaler [GK]

fluticasone propionate 500 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8149X NP	‡1	1	..	38.14	25.00	Flixotide Accuhaler [GK]

fluticasone propionate 125 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8345F NP	‡1	5	..	27.28	25.00	[a] Axotide [TX]	[a] Fluticasone Cipla Inhaler [LR]
			[B]2.91	30.19	25.00	[a] Flixotide [GK]	

fluticasone propionate 250 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8346G NP	‡1	1	..	38.14	25.00	[a] Axotide [TX]	[a] Fluticasone Cipla Inhaler [LR]
			[B]2.91	41.05	25.00	[a] Flixotide [GK]	

▪ FLUTICASONE PROPIONATE

Authority required (STREAMLINED)

14180

Asthma

Clinical criteria:

- The treatment must not be a PBS benefit where this 50 microgram strength is being initiated in a patient over the age of 6.00 years.

fluticasone propionate 50 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8516F NP	‡1	5	..	21.55	23.09	[a] Axotide Junior [TX]
			[B]3.88	25.43	23.09	[a] Flixotide Junior [GK]

▪ FLUTICASONE PROPIONATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluticasone propionate 100 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14412M NP	‡2	5	..	*25.74	25.00	[a] Axotide Junior Accuhaler [TX]
			[B]7.74	*33.48	25.00	[a] Flixotide Junior Accuhaler [GK]

fluticasone propionate 250 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14381X NP	‡2	5	..	*40.20	25.00	[a] Axotide Accuhaler [TX]
			[B]7.76	*47.96	25.00	[a] Flixotide Accuhaler [GK]

fluticasone propionate 125 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14347D NP	‡2	5	..	*40.20	25.00	[a] Axotide [TX]	[a] Fluticasone Cipla Inhaler [LR]
			[B]5.82	*46.02	25.00	[a] Flixotide [GK]	

▪ FLUTICASONE PROPIONATE

Authority required (STREAMLINED)

15854

Asthma

Clinical criteria:

- The treatment must not be a PBS benefit where this 50 microgram strength is being initiated in a patient over the age of 6.00 years, **AND**
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluticasone propionate 50 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14487L NP	‡2	5	..	*28.74	25.00	[a] Axotide Junior [TX]
			[B]7.76	*36.50	25.00	[a] Flixotide Junior [GK]

Anticholinergics

▪ ACLIDINIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

aclidinium 322 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10124W NP	‡1	5	..	58.90	25.00	Bretaris Genuair [FK]

▪ ACLIDINIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

aclidinium 322 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14539F NP	‡2	5	..	*103.44	25.00	Bretaris Genuair [FK]

▪ GLYCOPYRRONIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

glycopyrronium 50 microgram powder for inhalation, 30 capsules

10059K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	58.90	25.00	seebri breezhaler [NV]

▪ GLYCOPYRRONIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

glycopyrronium 50 microgram powder for inhalation, 30 capsules

14417T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*103.44	25.00	seebri breezhaler [NV]

▪ IPRATROPIUM

ipratropium bromide monohydrate 21 microgram/actuation inhalation, 200 actuations

8671J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*34.86	25.00	[a] Atrovent [BY]	[a] Cipla Ipratropium [LR]

▪ IPRATROPIUM

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

ipratropium bromide 250 microgram/mL inhalation solution, 30 x 1 mL ampoules

1542E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*27.74	25.00	Atrovent [BY]

ipratropium bromide 500 microgram/mL inhalation solution, 30 x 1 mL ampoules

8238N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*30.18	25.00	Atrovent Adult [BY]

▪ TIOTROPIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Restricted benefit

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique,

AND

- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

11043F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	44.42	25.00	Spiriva Respimat [BY]

NP

▪ TIOTROPIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Restricted benefit

Severe asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique,

AND

- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be at least 18 years of age.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

tiotropium 2.5 microgram/actuation inhalation solution, 2 x 60 actuations

14845H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	74.48	25.00	Spiriva Respimat [BY]

NP

▪ TIOTROPIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

8606

Severe asthma

Treatment criteria:

- Must be treated by a respiratory physician, paediatric respiratory physician, clinical immunologist, allergist, paediatrician or general physician experienced in the management of patients with severe asthma; or in consultation with one of these specialists.

Clinical criteria:

- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must have experienced at least one severe exacerbation prior to receiving PBS-subsidised treatment with this drug for this condition, which has required documented use of systemic corticosteroids in the previous 12 months while receiving optimised asthma therapy; OR
- Patient must have experienced frequent episodes of moderate asthma exacerbations prior to receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Optimised asthma therapy includes adherence to the maintenance combination of a medium to high dose ICS and a LABA. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

11629C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	44.42	25.00	Spiriva Respimat [BY]

NP

▪ TIOTROPIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

15754

Severe asthma

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Treatment criteria:

- Must be treated by a respiratory physician, paediatric respiratory physician, clinical immunologist, allergist, paediatrician or general physician experienced in the management of patients with severe asthma; or in consultation with one of these specialists.

Clinical criteria:

- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must have experienced at least one severe exacerbation prior to receiving PBS-subsidised treatment with this drug for this condition, which has required documented use of systemic corticosteroids in the previous 12 months while receiving optimised asthma therapy; OR
- Patient must have experienced frequent episodes of moderate asthma exacerbations prior to receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Optimised asthma therapy includes adherence to the maintenance combination of a medium to high dose ICS and a LABA. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative

tiotropium 2.5 microgram/actuation inhalation solution, 2 x 60 actuations

14839B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	74.48	25.00	Spiriva Respimat [BY]

NP

▪ TIOTROPIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease

Treatment Phase: Long-term maintenance treatment

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

10509D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	44.42	25.00	Spiriva Respimat [BY]

NP

▪ TIOTROPIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease

Treatment Phase: Long-term maintenance treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

tiotropium 2.5 microgram/actuation inhalation solution, 2 x 60 actuations

14842E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	74.48	25.00	Spiriva Respimat [BY]

▪ TIOTROPIUM

Note Pharmaceutical benefits that have the form tiotropium 18 microgram powder for inhalation and pharmaceutical benefits that have the form tiotropium 13 microgram powder for inhalation are equivalent for the purposes of substitution.

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

tiotropium 18 microgram powder for inhalation, 30 capsules

14576E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	39.68	25.00	[a] Tiotropium Lupin [GQ]

tiotropium 18 microgram powder for inhalation, 30 capsules

8626B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	44.42	25.00	[a] Spiriva [BY]

tiotropium 13 microgram powder for inhalation, 30 capsules

11892X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	39.68	25.00	[a] Braltus [TB]

▪ TIOTROPIUM

Note Pharmaceutical benefits that have the form tiotropium 18 microgram powder for inhalation and pharmaceutical benefits that have the form tiotropium 13 microgram powder for inhalation are equivalent for the purposes of substitution.

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

tiotropium 18 microgram powder for inhalation, 30 capsules

14361W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*74.48	25.00	[a] Spiriva [BY]

tiotropium 18 microgram powder for inhalation, 30 capsules

14574C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*65.00	25.00	[a] Tiotropium Lupin [GQ]

tiotropium 13 microgram powder for inhalation, 30 capsules

14555C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*65.00	25.00	[a] Braltus [TB]

▪ UMECLIDINIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

umeclidinium 62.5 microgram powder for inhalation, 30 actuations

10187E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	58.90	25.00	Incruse Ellipta [GK]

NP

▪ UMECLIDINIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

umeclidinium 62.5 microgram powder for inhalation, 30 actuations

14389H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*103.44	25.00	Incruse Ellipta [GK]

NP

ADRENERGICS FOR SYSTEMIC USE

Alpha- and beta-adrenoreceptor agonists

▪ ADRENALINE (EPINEPHRINE)

Note Pharmaceutical benefits that have the form adrenaline 1 mg/mL ampoules for injection in a pack size of 10 can be substituted for a pack size of 5 in the case of a shortage.

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

1016L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	21.78	23.32	Link Medical Products Pty Ltd [LM]

NP

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

5004J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.78	23.32	Link Medical Products Pty Ltd [LM]

DP

▪ ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

Population criteria:

- Patient must be aged 4 years or older, **AND**
- Patient must weigh 15 kg or more.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Population criteria:

- Patient must be aged 4 years or older, **AND**
- Patient must weigh 15 kg or more.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

Population criteria:

- Patient must be aged 4 years or older, **AND**
- Patient must weigh 15 kg or more.

Adrenaline (epinephrine) 1 mg/actuation nasal spray, 2 x 1 actuation

15414G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	171.25	25.00	neffy [CS]

Adrenaline (epinephrine) 2 mg/actuation nasal spray, 2 x 1 actuation

15404R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	171.25	25.00	neffy [CS]

▪ ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 500 microgram/0.3 mL injection, 0.3 mL pen device

12655C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*156.52	25.00	Anapen 500 [XT]

▪ ADRENALINE (EPINEPHRINE)

Caution Non-Anapen and Anapen products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Adrenaline Viatris, Anapen 300 and EpiPen) and pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Jext) are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

15355E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*156.52	25.00	[a] Jext [KB]

▪ ADRENALINE (EPINEPHRINE)

Caution Non-Anapen and Anapen products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device and pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device

15359J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*156.52	25.00	[a] Jext Jnr [KB]

▪ ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device and pharmaceutical benefits that have the form adrenaline (epinephrine) 150 microgram/0.15 mL injection, 0.15 mL pen device are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device

8697R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*156.52	25.00	[a] Adrenaline Jr Viatris [AF] [a] EpiPen Jr. [AL]	[a] Anapen Junior 150 [XT]

▪ ADRENALINE (EPINEPHRINE)

Caution Adrenaline products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The adrenaline devices should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au).

Note Pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Adrenaline Viatris, Anapen 300 and EpiPen) and pharmaceutical benefits that have the form adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device (Jext) are equivalent for the purposes of substitution.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician. The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for any form of this drug for this indication.

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8698T NP	2	..	..	*156.52	25.00	[a] Adrenaline Viatris [AF] [a] EpiPen [AL]	[a] Anapen 300 [XT]

Selective beta-2-adrenoreceptor agonists

▪ SALBUTAMOL

salbutamol 2 mg/5 mL oral liquid, 150 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1103C NP	2	5	..	*27.66	25.00	Ventolin [GK]

▪ TERBUTALINE

terbutaline sulfate 500 microgram/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1034K NP	1	..	..	27.24	25.00	Bricanyl [AP]

OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

Xanthines

▪ THEOPHYLLINE

Caution Because of variable effects of food on absorption of sustained release theophylline preparations, patients stabilised on one brand should not be changed to another without appropriate monitoring.

theophylline 200 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8230E NP	1	5	..	18.75	20.29	Nuelin-SR 200 [IL]

theophylline 250 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2634P NP	1	5	..	19.58	21.12	Nuelin-SR 250 [IL]

theophylline 300 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8231F NP	1	5	..	20.62	22.16	Nuelin-SR 300 [IL]

theophylline 133.3 mg/25 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2614N NP	‡1	5	..	19.05	20.59	Nuelin [IL]

Leukotriene receptor antagonists

▪ MONTELUKAST

Note This drug is not PBS-subsidised for use in a child aged 2 to 5 years with moderate to severe asthma. It is not intended as an alternative for a child aged 2 to 5 years who requires a corticosteroid as a preventer medication.

Note This drug is not subsidised in a child aged 2 to 5 years for use in combination with other preventer medications. PBS subsidy for this drug will therefore cease for a child aged 2 to 5 years who requires a preventer medication in addition to this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6666

Asthma

Treatment Phase: First-line prevention

Population criteria:

- Patient must be aged 2 to 5 years inclusive.

Clinical criteria:

- The condition must be frequent intermittent; OR
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; OR
- The treatment must be an alternative to nedocromil sodium.

montelukast 4 mg chewable tablet, 28

8627C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.69	20.23	[a] APX-MONTELUKAST [TX]	[a] MONTELAIR 4 [RF]
					[a] Montelukast Lupin [HQ]	[a] Montelukast Sandoz 4 [SZ]
					[a] Montelukast Viatris [AL]	[a] MONTELUKAST-WGR [WG]

▪ MONTELUKAST

Note This drug is not PBS-subsidised for use in a patient aged 15 years or older, or for use in addition to a long-acting beta-agonist in any age group, or for use as a single second line preventer, as an alternative to corticosteroids, in a child aged 6 to 14 years with moderate to severe asthma.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6674

Asthma

Treatment Phase: First-line prevention

Clinical criteria:

- The condition must be frequent intermittent; OR
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; OR
- The treatment must be an alternative to nedocromil sodium.

Population criteria:

- Patient must be aged 6 to 14 years inclusive.

Authority required (STREAMLINED)

7781

Asthma

Treatment Phase: Prevention of condition

Clinical criteria:

- The condition must be exercise-induced, **AND**
- The treatment must be as an alternative to adding salmeterol xinafoate; OR
- The treatment must be an alternative to adding formoterol fumarate, **AND**
- The condition must be otherwise well controlled while receiving optimal dose inhaled corticosteroid, **AND**
- Patient must require short-acting beta-2 agonist 3 or more times per week for prevention or relief of residual exercise-related symptoms.

Population criteria:

- Patient must be aged 6 to 14 years inclusive.

montelukast 5 mg chewable tablet, 28

8628D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.60	20.14	[a] APX-MONTELUKAST [TX]	[a] MONTELAIR 5 [RF]
					[a] Montelukast Lupin [HQ]	[a] Montelukast Sandoz 5 [SZ]
					[a] Montelukast Viatris [AL]	[a] MONTELUKAST-WGR [WG]

▪ MONTELUKAST

Note This drug is not PBS-subsidised for use in a child aged 2 to 5 years with moderate to severe asthma. It is not intended as an alternative for a child aged 2 to 5 years who requires a corticosteroid as a preventer medication.

Note This drug is not subsidised in a child aged 2 to 5 years for use in combination with other preventer medications. PBS subsidy for this drug will therefore cease for a child aged 2 to 5 years who requires a preventer medication in addition to this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

15642

Asthma

Treatment Phase: First-line prevention

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 2 to 5 years inclusive.

Clinical criteria:

- The condition must be frequent intermittent; OR
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; OR
- The treatment must be an alternative to nedocromil sodium.

montelukast 4 mg chewable tablet, 28

14526M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*23.02	24.56	[a] APX-MONTELUKAST [TX]	[a] MONTELAIR 4 [RF]
					[a] Montelukast Lupin [HQ]	[a] Montelukast Sandoz 4 [SZ]
					[a] Montelukast Viatris [AL]	[a] MONTELUKAST-WGR [WG]

▪ MONTELUKAST

Note This drug is not PBS-subsidised for use in a patient aged 15 years or older, or for use in addition to a long-acting beta-agonist in any age group, or for use as a single second line preventer, as an alternative to corticosteroids, in a child aged 6 to 14 years with moderate to severe asthma.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

15643

Asthma

Treatment Phase: First-line prevention

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be frequent intermittent; OR
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; OR
- The treatment must be an alternative to nedocromil sodium.

Population criteria:

- Patient must be aged 6 to 14 years inclusive.

Authority required (STREAMLINED)

15644

Asthma

Treatment Phase: Prevention of condition

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be exercise-induced, **AND**
- The treatment must be as an alternative to adding salmeterol xinafoate; OR
- The treatment must be an alternative to adding formoterol fumarate, **AND**
- The condition must be otherwise well controlled while receiving optimal dose inhaled corticosteroid, **AND**
- Patient must require short-acting beta-2 agonist 3 or more times per week for prevention or relief of residual exercise-related symptoms.

Population criteria:

- Patient must be aged 6 to 14 years inclusive.

montelukast 5 mg chewable tablet, 28

14553Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*22.84	24.38	[a] APX-MONTELUKAST [TX]	[a] MONTELAIR 5 [RF]
					[a] Montelukast Lupin [HQ]	[a] Montelukast Sandoz 5 [SZ]
					[a] Montelukast Viatris [AL]	[a] MONTELUKAST-WGR [WG]

▪ SENSORY ORGANS

▪ OPHTHALMOLOGICALS

ANTIINFECTIVES

Antibiotics

▪ AZITHROMYCIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Trachoma

azithromycin 200 mg/5 mL powder for oral liquid, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8201P NP	‡1	..	..	#29.59	25.00	Zithromax [PF]

azithromycin 500 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8336R NP	1	2	..	18.58	20.12	[a] APO-Azithromycin [TX] [a] Azithromycin Viatris [AL] [a] ZITHRO [RW]	[a] Azithromycin Sandoz [SZ] [a] AZITHROMYCIN-WGR [WG] [a] Zithromax [PF]

▪ CHLORAMPHENICOL

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

chloramphenicol 0.5% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11112W OP NP MW	‡1	2	..	18.30	19.84	Chlorsig [AS]

Antivirals

▪ ACICLOVIR

Restricted benefit

Herpes simplex keratitis

aciclovir 3% eye ointment, 4.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1002R NP	‡1	..	..	29.05	25.00	[a] ViruPOS [AE]	[a] XOROX [IX]

▪ ACICLOVIR

Restricted benefit

Herpes simplex keratitis

aciclovir 3% eye ointment, 4.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5501M OP	‡1	..	..	29.05	25.00	[a] ViruPOS [AE]	[a] XOROX [IX]

Fluoroquinolones

▪ CIPROFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ciprofloxacin 0.3% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1217C NP	2	..	..	*43.66	25.00	[a] CiloQuin [NM]
			[B]9.22	*52.88	25.00	[a] Ciloxan [NV]

▪ CIPROFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ciprofloxacin 0.3% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5564W OP	2	..	..	*43.66	25.00	[a] CiloQuin [NM]
			[B]9.22	*52.88	25.00	[a] Ciloxan [NV]

▪ OFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ofloxacin 0.3% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5567B OP	2	..	..	*29.76	25.00	Ocuflox [VE]

▪ OFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ofloxacin 0.3% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8383F NP	2	..	..	*29.76	25.00	Ocuflox [VE]

ANTIINFLAMMATORY AGENTS

Corticosteroids, plain

▪ DEXAMETHASONE

Authority required

Non-infectious posterior segment uveitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have documented visual impairment defined as a best corrected visual acuity score of approximate Snellen equivalent 6/12 or worse in the eye proposed for treatment, secondary to vitreous haze or macular oedema, **AND**
- Patient must have unilateral, asymmetric or bilateral flare-up where systemic treatment or further intensification of systemic treatment is not clinically indicated.

dexamethasone 700 microgram implant, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11317P	1	..	..	1202.87	25.00	Ozurdex [VE]

▪ DEXAMETHASONE

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have had a cataract removed in the treated eye; OR
- Patient must be scheduled for cataract surgery in the treated eye, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; OR
- Patient must be unsuitable for treatment with VEGF inhibitors; OR
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report.

dexamethasone 700 microgram implant, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10943Y	1	1	..	1202.87	25.00	Ozurdex [VE]

▪ DEXAMETHASONE

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.
Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13428

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have had a cataract removed in the treated eye; OR
- Patient must be scheduled for cataract surgery in the treated eye, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

dexamethasone 700 microgram implant, 1

13168C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1202.87	25.00	Ozurdex [VE]

▪ DEXAMETHASONE

Note Special Pricing Arrangements apply.
Note No increase in the maximum number of repeats may be authorised.
Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.
Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.
Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; OR
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; OR
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

dexamethasone 700 microgram implant, 1

11469P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1202.87	25.00	Ozurdex [VE]

▪ DEXAMETHASONE

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13387

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority required (STREAMLINED)

13336

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

dexamethasone 700 microgram implant, 1

13142Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1202.87	25.00	Ozurdex [VE]

▪ HYDROCORTISONE ACETATE

hydrocortisone acetate 1% eye ointment, 5 g

2441L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.67	21.21	Hycor [AS]

▪ HYDROCORTISONE ACETATE

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

hydrocortisone acetate 1% eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5516H OP	‡1	..	..	19.67	21.21	Hycor [AS]

Corticosteroids and mydriatics in combination

▪ PREDNISOLONE ACETATE + PHENYLEPHRINE

Restricted benefit

Severe eye inflammation

Clinical criteria:

- Patient must have had a cataract removed in the treated eye; OR
- Patient must be scheduled for cataract surgery in the treated eye.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11908R	‡1	..	..	24.70	25.00	Prednefrin Forte [VE]

▪ PREDNISOLONE ACETATE + PHENYLEPHRINE

Restricted benefit

Corneal grafts

Restricted benefit

Uveitis

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3112T NP	‡1	2	..	24.70	25.00	Prednefrin Forte [VE]

▪ PREDNISOLONE ACETATE + PHENYLEPHRINE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Uveitis

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5568C OP	‡1	..	..	24.70	25.00	Prednefrin Forte [VE]

ANTIGLAUCOMA PREPARATIONS AND MIOTICS

Sympathomimetics in glaucoma therapy

▪ BRIMONIDINE

brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8351M NP	‡1	5	..	22.29	23.83	[a] Enidin [VB]
			[B]0.95	23.24	23.83	[a] Alphagan [VE]

▪ BRIMONIDINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5534G OP	‡1	5	..	22.29	23.83	[a] Enidin [VB]
			[B]0.95	23.24	23.83	[a] Alphagan [VE]

▪ BRIMONIDINE

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14497B OP NP	‡2	5	..	*30.22	25.00	[a] Enidin [VB]
			[B]1.90	*32.12	25.00	[a] Alphagan [VE]

▪ BRIMONIDINE + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8826M NP	‡1	5	..	26.70	25.00	Combigan [VE]

▪ BRIMONIDINE + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5535H OP	‡1	5	..	26.70	25.00	Combigan [VE]

▪ BRIMONIDINE + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14491Q OP NP	‡2	5	..	*39.04	25.00	Combigan [VE]

Parasympathomimetics

▪ PILOCARPINE

pilocarpine hydrochloride 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2595N NP	‡1	5	..	19.54	21.08	Isopto Carpine [NV]

pilocarpine hydrochloride 2% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2596P NP	‡1	5	..	20.57	22.11	Isopto Carpine [NV]

pilocarpine hydrochloride 4% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2598R NP	‡1	5	..	22.98	24.52	Isopto Carpine [NV]

▪ PILOCARPINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

pilocarpine hydrochloride 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5536J OP	‡1	5	..	19.54	21.08	Isopto Carpine [NV]

pilocarpine hydrochloride 2% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5537K OP	‡1	5	..	20.57	22.11	Isopto Carpine [NV]

pilocarpine hydrochloride 4% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5538L OP	‡1	5	..	22.98	24.52	Isopto Carpine [NV]

▪ PILOCARPINE

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pilocarpine hydrochloride 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14355M OP NP	‡2	5	..	*24.72	25.00	Isopto Carpine [NV]

pilocarpine hydrochloride 2% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14523J OP NP	‡2	5	..	*26.78	25.00	Isopto Carpine [NV]

pilocarpine hydrochloride 4% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14550T OP NP	‡2	5	..	*31.60	25.00	Isopto Carpine [NV]

Carbonic anhydrase inhibitors

▪ ACETAZOLAMIDE

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) a nurse practitioner who is continuing treatment with this medicine (of any strength) that was initiated by a medical practitioner as a PBS benefit.

acetazolamide 250 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1004W NP	1	3	..	28.50	25.00	Diamox [RW]

▪ BRINZOLAMIDE

brinzolamide 1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8483L NP	‡1	5	..	23.81	25.00	[a] BrinzoQuin [NM]
			[B]6.59	30.40	25.00	[a] Azopt [NV]

▪ BRINZOLAMIDE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brinzolamide 1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5540N OP	‡1	5	..	23.81	25.00	[a] BrinzoQuin [NM]
			[B]6.59	30.40	25.00	[a] Azopt [NV]

▪ BRINZOLAMIDE

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

brinzolamide 1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14321R OP NP	‡2	5	..	*33.26	25.00	[a] BrinzoQuin [NM]
			[B]13.18	*46.44	25.00	[a] Azopt [NV]

▪ BRINZOLAMIDE + BRIMONIDINE

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10536M NP	‡1	5	..	25.36	25.00	Simbrinza 1%/0.2% [NV]

▪ BRINZOLAMIDE + BRIMONIDINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10547D OP	‡1	5	..	25.36	25.00	Simbrinza 1%/0.2% [NV]

▪ BRINZOLAMIDE + BRIMONIDINE

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14423D OP NP	‡2	5	..	*36.36	25.00	Simbrinza 1%/0.2% [NV]

▪ BRINZOLAMIDE + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3438Y NP	‡1	5	..	23.83	25.00	Azarga [NV]

▪ BRINZOLAMIDE + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5562R OP	‡1	5	..	23.83	25.00	Azarga [NV]

▪ BRINZOLAMIDE + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14495X OP NP	‡2	5	..	*33.30	25.00	Azarga [NV]

▪ DORZOLAMIDE

dorzolamide 2% eye drops, 5 mL

8488R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	19.53	21.07	[a] Trusamide [AF]	[a] Trusopt [MF]

▪ DORZOLAMIDE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

dorzolamide 2% eye drops, 5 mL

5541P (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	19.53	21.07	[a] Trusamide [AF]	[a] Trusopt [MF]

▪ DORZOLAMIDE

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

dorzolamide 2% eye drops, 5 mL

14524K (OP) (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*24.70	25.00	[a] Trusamide [AF]	[a] Trusopt [MF]

▪ DORZOLAMIDE + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

dorzolamide 2% + timolol 0.5% eye drops, 5 mL

8567X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	22.63	24.17	[a] Cosdor [AF]	[a] Vizo-PF Dorzolatim [AE]
		[B]0.78	23.41	24.17	[a] Cosopt [MF]	

▪ DORZOLAMIDE + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

dorzolamide 2% + timolol 0.5% eye drops, 5 mL

5542Q (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	22.63	24.17	[a] Cosdor [AF]	[a] Vizo-PF Dorzolatim [AE]
		[B]0.78	23.41	24.17	[a] Cosopt [MF]	

▪ DORZOLAMIDE + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

dorzolamide 2% + timolol 0.5% eye drops, 5 mL

14386E (OP) (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*30.90	25.00	[a] Cosdor [AF]	[a] Vizo-PF Dorzolatim [AE]
		[B]1.56	*32.46	25.00	[a] Cosopt [MF]	

Beta blocking agents

▪ TIMOLOL

timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1926J NP	‡1	5	..	24.16	25.00	Timoptol XE [MF]

timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1279H NP	‡1	5	..	22.38	23.92	[a] TIMOEYE [DZ]	[a] Timoptol [MF]

▪ TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5550D OP	‡1	5	..	24.16	25.00	Timoptol XE [MF]

timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5548B OP	‡1	5	..	22.38	23.92	[a] TIMOEYE [DZ]	[a] Timoptol [MF]

▪ TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15062R OP NP	2	5	..	*33.96	25.00	Timoptol XE [MF]

timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
15048B OP NP	2	5	..	*30.40	25.00	[a] TIMOEYE [DZ]	[a] Timoptol [MF]

Prostaglandin analogues

▪ BIMATOPROST

bimatoprost 0.03% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8620Q NP	‡1	5	..	33.50	25.00	[a] Bimatoprost Sandoz [SZ] [a] Bimprozt [TY]	[a] BIMATOPROST-WGR [WG] [a] Lumigan [VE]

bimatoprost 0.03% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10046R NP	‡1	5	..	30.43	25.00	Lumigan PF [VE]

▪ BIMATOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

bimatoprost 0.03% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5551E OP	‡1	5	..	33.50	25.00	[a] Bimatoprost Sandoz [SZ] [a] Bimprozt [TY]	[a] BIMATOPROST-WGR [WG] [a] Lumigan [VE]

bimatoprost 0.03% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10053D OP	‡1	5	..	30.43	25.00	Lumigan PF [VE]

▪ BIMATOPROST

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

bimatoprost 0.03% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14315K OP NP	‡2	5	..	*52.64	25.00	[a] Bimatoprost Sandoz [SZ] [a] Bimprozt [TY]	[a] BIMATOPROST-WGR [WG] [a] Lumigan [VE]

bimatoprost 0.03% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14422C OP NP	‡2	5	..	*46.50	25.00	Lumigan PF [VE]

▪ BIMATOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9464D NP	‡1	5	..	37.24	25.00	Ganfort 0.3/5 [VE]

bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10107Y NP	‡1	5	..	35.04	25.00	GANfort PF 0.3/5 [VE]

▪ BIMATOPROST + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5558M OP	‡1	5	..	37.24	25.00	Ganfort 0.3/5 [VE]

bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10108B OP	‡1	5	..	35.04	25.00	GANfort PF 0.3/5 [VE]

▪ BIMATOPROST + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14317M OP NP	‡2	5	..	*60.12	25.00	Ganfort 0.3/5 [VE]

bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14351H OP NP	‡2	5	..	*55.72	25.00	GANfort PF 0.3/5 [VE]

▪ LATANOPROST

latanoprost 0.005% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8243W NP	‡1	5	..	18.60	20.14	[a] APO-Latanoprost [TX] [a] Xalaprost [AF]	[a] Latanoprost Sandoz [SZ] [a] Xalatan [AS]

▪ LATANOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

latanoprost 0.005% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5552F (OP)	‡1	5	..	18.60	20.14	[a] APO-Latanoprost [TX] [a] Xalaprost [AF]	[a] Latanoprost Sandoz [SZ] [a] Xalatan [AS]

▪ LATANOPROST

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

latanoprost 0.005% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14453Q (OP) (NP)	‡2	5	..	*22.84	24.38	[a] APO-Latanoprost [TX] [a] Xalaprost [AF]	[a] Latanoprost Sandoz [SZ] [a] Xalatan [AS]

▪ LATANOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8895E (NP)	‡1	5	..	22.27	23.81	[a] APO-Latanoprost/Timolol 0.05/5 [TX] [a] Xalamol 50/5 [AF]	[a] Xalacom [AS]

▪ LATANOPROST + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5553G (OP)	‡1	5	..	22.27	23.81	[a] APO-Latanoprost/Timolol 0.05/5 [TX] [a] Xalamol 50/5 [AF]	[a] Xalacom [AS]

▪ LATANOPROST + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14350G (OP) (NP)	‡2	5	..	*30.18	25.00	[a] APO-Latanoprost/Timolol 0.05/5 [TX] [a] Xalamol 50/5 [AF]	[a] Xalacom [AS]

▪ TRAVOPROST

travoprost 0.004% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8597L (NP)	‡1	5	..	33.50	25.00	Travatan [NV]

▪ TRAVOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

travoprost 0.004% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5554H OP	‡1	5	..	33.50	25.00	Travatan [NV]

▪ TRAVOPROST

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

travoprost 0.004% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14549R OP NP	‡2	5	..	*52.64	25.00	Travatan [NV]

▪ TRAVOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

travoprost 0.004% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9057Q NP	‡1	5	..	36.36	25.00	Duotrav [NV]

▪ TRAVOPROST + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

travoprost 0.004% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5555J OP	‡1	5	..	36.36	25.00	Duotrav [NV]

▪ TRAVOPROST + TIMOLOL

Note For Optometrists, prescribe in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

travoprost 0.004% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14316L OP NP	‡2	5	..	*58.36	25.00	Duotrav [NV]

MYDRIATICS AND CYCLOPLEGICS

Anticholinergics

▪ ATROPINE SULFATE

atropine sulfate monohydrate 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1093M NP	‡1	2	..	31.57	25.00	Atropt [AS]

OCULAR VASCULAR DISORDER AGENTS

Antineovascularisation agents

▪ AFLIBERCEPT

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13392

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

13139M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15218Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	304.55	25.00	[a] Afqlir [ZE]

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

13151E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	306.54	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13406

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

13167B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15219B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	304.55	25.00	[a] Afqlir [ZE]

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

13146X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	306.54	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13402

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

13150D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15215T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	304.55	25.00	[a] Afqlir [ZE]

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

13164W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	306.54	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection syringe and pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

13406

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

aflibercept 8 mg/0.07 mL injection, 0.07 mL syringe

15221D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	428.34	25.00	[a] Eylea [BN]

aflibercept 8 mg/0.07 mL injection, 0.07 mL vial

14594D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	443.80	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system

(see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection syringe and pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

aflibercept 8 mg/0.07 mL injection, 0.07 mL syringe

15260E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	428.34	25.00	[a] Eylea [BN]

aflibercept 8 mg/0.07 mL injection, 0.07 mL vial

14626T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	443.80	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection syringe and pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

13402

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

aflibercept 8 mg/0.07 mL injection, 0.07 mL syringe

15220C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	428.34	25.00	[a] Eylea [BN]

aflibercept 8 mg/0.07 mL injection, 0.07 mL vial

14627W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	443.80	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection syringe and pharmaceutical benefits that have the form aflibercept 8 mg/0.07 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report.

aflibercept 8 mg/0.07 mL injection, 0.07 mL syringe

15248M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	428.34	25.00	[a] Eylea [BN]

aflibercept 8 mg/0.07 mL injection, 0.07 mL vial

14635G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	443.80	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13387

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority required (STREAMLINED)

13336

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13141P	1	2	..	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15206H	1	2	..	304.55	25.00	[a] Afqlir [ZE]

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13138L	1	2	..	306.54	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report.

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10505X	1	5	..	306.54	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

12141B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15213Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	304.55	25.00	[a] Afqlir [ZE]

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

12131L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	306.54	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

12152N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15217X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	304.55	25.00	[a] Afqlir [ZE]

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

2168D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	306.54	25.00	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report.

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

12153P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15214R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	304.55	25.00	[a] Afqlir [ZE]

▪ AFLIBERCEPT

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Pharmaceutical benefits that have the form aflibercept 0.09 mL injection syringe, pharmaceutical benefits that have the form aflibercept 0.165 mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1 mL injection vial are equivalent for the purposes of substitution

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

12132M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	304.55	25.00	[a] Eylea [BN]

aflibercept 2 mg/0.05 mL injection, 0.05 mL syringe

15207J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	304.55	25.00	[a] Afqlir [ZE]

aflibercept 2 mg/0.05 mL injection, 0.05 mL vial

11991D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	306.54	25.00	[a] Eylea [BN]

▪ BROLUCIZUMAB

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- Patient must have persistent macular exudation, as determined clinically and/or by optical coherence tomography or fluorescein angiography, despite at least 6 months of PBS-subsidised treatment with: 1. Aflibercept and/or 2. Ranibizumab and/or 3. Faricimab, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health

Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

brolucizumab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

12667Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	979.42	25.00	Beovu [NV]

▪ FARICIMAB

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report.

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14789J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

13177M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	915.49	25.00	[a] Vabysmo [RO]

▪ FARICIMAB

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14788H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

13183W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	915.49	25.00	[a] Vabysmo [RO]

▪ FARICIMAB

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13406

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14799X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

13195L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	915.49	25.00	[a] Vabysmo [RO]

▪ FARICIMAB

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13402

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14817W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

13198P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	915.49	25.00	[a] Vabysmo [RO]

▪ FARICIMAB

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

14873T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

14737P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	915.49	25.00	[a] Vabysmo [RO]

▪ FARICIMAB

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note Pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection vial and pharmaceutical benefits that have the form faricimab 6 mg/0.05 mL injection syringe are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

13387

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority required (STREAMLINED)

13336

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14864H	1	2	..	915.49	25.00	[a] Vabysmo [RO]

faricimab 6 mg/0.05 mL intraocular injection, 0.05 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14738Q	1	2	..	915.49	25.00	[a] Vabysmo [RO]

▪ RANIBIZUMAB

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1382R	1	2	..	763.96	25.00	[a] Lucentis [NV]

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10138N	1	2	..	763.96	25.00	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Proliferative diabetic retinopathy (PDR) and/or Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment. This is only a requirement for patients being treated for DMO, **AND**
- The condition must be diagnosed by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography; OR
- The condition must be diagnosed by retinal photography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this indication for the same eye.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

Details (date, unique identifying number/code or provider number) of one of the following diagnostic reports for each eye must be documented in the patient's medical records:

(i) fluorescein angiogram report;

(ii) optical coherence tomography report;

(iii) retinal photography report.

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

10373Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	763.96	25.00	[a] Lucentis [NV]

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

10374B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	763.96	25.00	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Applications for increased maximum quantities to treat both eyes may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

17395

Proliferative diabetic retinopathy (PDR) and/or Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

13165X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	763.96	25.00	[a] Lucentis [NV]

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

13134G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	763.96	25.00	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13406

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

13137K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	763.96	25.00	[a] Lucentis [NV]

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

13157L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	763.96	25.00	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must not be due to pathologic myopia, **AND**
- The condition must not be due to age-related macular degeneration, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

11471R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	763.96	25.00	[a] Lucentis [NV]

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

11480F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	763.96	25.00	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**

- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail and must include:

(1) Details (date, unique identifying number/code or provider number) of the optical coherence tomography or fluorescein angiogram report.

If the application is submitted through HPOS form upload or mail, it must include:

(a) details of the proposed prescription; and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

All reports must be documented in the patient's medical records.

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

11981N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	763.96	25.00	[a] Lucentis [NV]

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

11975G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	763.96	25.00	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13392

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Authority required (STREAMLINED)

13340

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must not be due to pathologic myopia, **AND**
- The condition must not be due to age-related macular degeneration, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

13156K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	763.96	25.00	[a] Lucentis [NV]

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

13143R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	763.96	25.00	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested through the same authority application.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13387

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority required (STREAMLINED)

13336

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

13149C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	763.96	25.00	[a] Lucentis [NV]

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

13166Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	763.96	25.00	[a] Lucentis [NV]

OTHER OPHTHALMOLOGICALS

Other ophthalmologicals

▪ CARBOMER-980

Restricted benefit

Severe dry eye syndrome

carbomer-980 0.2% eye gel, 10 g

5503P

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	17.72	19.26	[a] Optifresh eye gel [PP]	[a] PAA [UL]
		[B]3.63	21.35	19.26	[a] Viscotears [UO]	

carbomer-980 0.2% eye gel, 10 g

8384G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	17.72	19.26	[a] Optifresh eye gel [PP]	[a] PAA [UL]
		[B]3.63	21.35	19.26	[a] Viscotears [UO]	

NP

▪ CARBOMER-980

Restricted benefit

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

carbomer-980 0.2% eye gel, 10 g

14385D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡2	5	..	*21.08	22.62	[a] Optifresh eye gel [PP]	[a] PAA [UL]
		[B]7.26	*28.34	22.62	[a] Viscotears [UO]	

OP NP

▪ CARBOMER-980

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carbomer-980 0.2% eye drops, 30 x 600 mg ampoules

5504Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*31.53	25.00	Viscotears Gel PF [UO]

OP

carbomer-980 0.2% eye drops, 30 x 600 mg ampoules

8578L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*31.53	25.00	Viscotears Gel PF [UO]

NP

▪ CARBOMER-980

Authority required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

carbomer-980 0.2% eye drops, 30 x 600 mg ampoules

14420Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*48.66	25.00	Viscotears Gel PF [UO]

OP NP

▪ CARMELLOSE SODIUM

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carmellose sodium 0.5% eye drops, 10 mL

11852T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	25.56	25.00	Evolve Carmellose [CX]

NP

carmellose sodium 0.5% eye drops, 10 mL

11853W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	25.56	25.00	Evolve Carmellose [CX]

OP

▪ CARMELLOSE SODIUM

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

carmellose sodium 0.5% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14319P OP NP	‡2	5	..	*36.76	25.00	Evolve Carmellose [CX]

▪ CICLOSPORIN

Caution It is recommended that the potential for immunosuppression with long term use of this drug be clinically reviewed after at least 24 months of treatment, if not already reviewed.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Chronic severe dry eye disease with keratitis

Treatment Phase: Initial treatment for up to the first 180 days of treatment

Clinical criteria:

- Patient must have a corneal fluorescein staining (CFS) grade of 4 at treatment initiation, using at least one of: (i) the Oxford scale, (ii) the modified Oxford scale, (iii) an equivalent scale to the Oxford scale as determined by the prescriber, **AND**
- Patient must have an ocular surface disease index (OSDI) score of at least 23 at treatment initiation, **AND**
- The condition must be inadequately controlled by monotherapy with a preservative free artificial tears substitute, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Patient must be undergoing simultaneous treatment with a preservative free artificial tears substitute, **AND**
- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist; OR
- Must be treated by an optometrist in accordance with Optometry Board of Australia guidelines, **AND**
- Patient must not be undergoing treatment with this drug under this treatment phase beyond day 180 of treatment.

Population criteria:

- Patient must be at least 18 years of age.

Prescribing instruction:

State in the first authority application for this drug, for the purpose of having a baseline measurement to assess response to treatment under the Continuing treatment listing, each of: (i) the qualifying corneal fluorescein staining grade (a numerical value no less than 4), (ii) the qualifying ocular surface disease index score (a numerical value no less than 23).

Note The Oxford scale, modified Oxford scale and Ocular Surface Disease Index (OSDI) were relied upon in the submission supporting initial PBS listing.

The Oxford scale uses a chart system consisting of a series of panels, labelled A to E in order of increasing severity. In each chart, staining is represented by dots. To grade staining, comparisons are made between the panels and the appearance of staining on the exposed interpalpebral conjunctiva and cornea of the patient. The details of the chart are presented in Figure 1 and, in a simplified form in Figure 4 (where the criteria, dot count and log columns are not displayed), in the following literature article: Bron A, Evans V, Smith, J. Grading of corneal and conjunctival staining in the context of other dry eye tests. Cornea. 2003;22(7):640-650.

The modified Oxford scale is as above, but with the first grade depiction (Grade 0), termed 'Grade 0.5'.

A list of equivalent scales to the Oxford scale is not provided. Prescribers should be satisfied that a scale other than the Oxford scale, if used, is equivalent to the Oxford scale.

The Ocular Surface Disease Index (OSDI) is a 12-item questionnaire created by the Outcomes Research Group at Allergan Inc, Irvine, CA, USA, to assess dry eye symptoms and the effects on vision-related function.

The questionnaire has 3 subscales: ocular symptoms, vision-related function, and environmental triggers. Patients rate their responses on a 0 to 4 scale with 0 corresponding to 'none of the time' and 4 corresponding to 'all of the time'. A final score is calculated which ranges from 0 to 100 with scores 0 to 12 representing normal, 13 to 22 representing mild dry eye disease, 23 to 32 representing moderate dry eye disease, and greater than 33 representing severe dry eye disease.

The OSDI questionnaire asks the following:

Presence of ocular symptoms - Have you experienced any of the following during the last week?

1. Eyes that are sensitive to light
2. Eyes that feel gritty
3. Painful or sore eyes
4. Blurred vision
5. Poor vision

Impact on daily activities - Have you had problems with your eyes limited you in performing any of the following during the last week?

1. Reading
2. Driving at night
3. Working with a computer or bank machine (ATM)
4. Watching TV

Environmental factors - Have your eyes felt uncomfortable in any of the following situations during the last week?

1. Windy conditions
2. Places or areas with low humidity (very dry)
3. Areas that are airconditioned

Rate responses on a scale of 0 to 4; 0 = none of the time, 1 = some of the time, 2 = half of the time, 3 = most of the time, and 4 = all of the time.

Further information on this index is in the following literature article: Walt J, Rowe M, Stern K. Evaluating the functional impact of dry eye: the Ocular Surface Disease Index. Drug Information Journal. 1997;31:1436
The 'Dry Eye OSDI 'Questionnaire' app developed by Allergan Inc is available to download for iPhone.

Note If the maximum number of repeats stated in this listing is not requested in this application, further supplies can be obtained through this treatment phase listing to continue treatment for up to the first 180 days of treatment, but the OSDI score and CFS grade need not be re-stated. Alternatively, treatment may be continued under the 'Continuing treatment' phase listing, provided the patient meets all eligibility criteria specified in that treatment phase listing.

Authority required

Chronic severe dry eye disease with keratitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must have improved to an extent that corneal fluorescein staining, using the same scale used at the time of the first authority application, shows an improvement (reduction) by at least 3 grades from baseline (the grade stated in the first authority application) - the improvement need only be demonstrated by staining once only with the first Continuing treatment authority application, **AND**
- The condition must have improved to an extent that the patient's ocular surface disease index score at the time of this authority application, has improved (reduced) by at least 30% compared to the value stated in the first authority application (i.e. baseline), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist; OR
- Must be treated by an optometrist in accordance with Optometry Board of Australia guidelines.

Prescribing instructions:

State in the first continuing treatment authority application for this drug:

(i) an improved corneal fluorescein staining grade (a numerical value that has improved by 3 grades from that provided in the first Initial 1 treatment authority application).

State in all continuing treatment authority applications:

(ii) the ocular surface disease index score at the time of this authority application (a numerical value that is at least 30% lower than that stated in the first Initial 1 treatment authority application).

ciclosporin 0.1% eye drops, 30 x 0.3 mL ampoules

12663L (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	82.16	25.00	Ikervis [CS]

ciclosporin 0.09% eye drops, 60 x 0.25 mL ampoules

13284E (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	82.16	25.00	Cequa [RA]

▪ DEXTRAN-70 + HYPROMELLOSE

Restricted benefit

Severe dry eye syndrome

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

1509K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	18.10	19.64	[a] Poly-Tears [IQ]
		[B]3.79	21.89	19.64	[a] Tears Naturale [AQ]

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

5520M (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	18.10	19.64	[a] Poly-Tears [IQ]
		[B]3.79	21.89	19.64	[a] Tears Naturale [AQ]

▪ DEXTRAN-70 + HYPROMELLOSE

Restricted benefit

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

14521G (OP) (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*21.84	23.38	[a] Poly-Tears [IQ]
		[B]7.58	*29.42	23.38	[a] Tears Naturale [AQ]

▪ HYALURONATE SODIUM

Note The in-use shelf life of this product is 6 months from the date of opening

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

hyaluronate sodium 0.1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2181T NP	‡1	5	..	35.07	25.00	Hylo-Fresh [AE]

hyaluronate sodium 0.1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2184Y OP	‡1	5	..	35.07	25.00	Hylo-Fresh [AE]

hyaluronate sodium 0.2% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2171G OP	‡1	5	..	35.07	25.00	Hylo-Forte [AE]

hyaluronate sodium 0.2% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2253N NP	‡1	5	..	35.07	25.00	Hylo-Forte [AE]

▪ HYALURONATE SODIUM

Note The in-use shelf life of this product is 6 months from the date of opening

Authority required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

hyaluronate sodium 0.1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14354L OP NP	‡2	5	..	*55.78	25.00	Hylo-Fresh [AE]

hyaluronate sodium 0.2% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14494W OP NP	‡2	5	..	*55.78	25.00	Hylo-Forte [AE]

▪ HYPROMELLOSE

Restricted benefit

Severe dry eye syndrome

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11625W NP	‡1	5	..	17.10	18.64	Revive Tears [PP]

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11634H OP	‡1	5	..	17.10	18.64	Revive Tears [PP]

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2956N NP	‡1	5	..	18.10	19.64	Methopt [AF]

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5517J OP	‡1	5	..	18.10	19.64	Methopt [AF]

▪ HYPROMELLOSE

Restricted benefit

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14318N OP NP	‡2	5	..	*19.84	21.38	Revive Tears [PP]

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14320Q OP NP	‡2	5	..	*21.84	23.38	Methopt [AF]

▪ HYPROMELLOSE

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

hypromellose 0.3% w/v eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11842G NP	‡1	5	..	25.56	25.00	Evolve Hypromellose [CX]

hypromellose 0.3% w/v eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11849P OP	‡1	5	..	25.56	25.00	Evolve Hypromellose [CX]

▪ HYPROMELLOSE

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

hypromellose 0.3% w/v eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14492R OP NP	‡2	5	..	*36.76	25.00	Evolve Hypromellose [CX]

▪ LIQUID PARAFFIN + GLYCEROL + TYLOXAPOL + POLOXAMER-188 + TROMETAMOL HYDROCHLORIDE + TROMETAMOL + CETALKONIUM CHLORIDE

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

liquid paraffin + glycerol + tyloxapol + poloxamer-188 + trometamol hydrochloride + trometamol + cetalkonium chloride eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12612T OP NP	‡1	5	..	36.03	25.00	Cationorm [CS]

▪ LIQUID PARAFFIN + GLYCEROL + TYLOXAPOL + POLOXAMER-188 + TROMETAMOL HYDROCHLORIDE + TROMETAMOL + CETALKONIUM CHLORIDE

Note The in-use shelf life of this product is 3 months from the date of opening.

Authority required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

liquid paraffin + glycerol + tyloxapol + poloxamer-188 + trometamol hydrochloride + trometamol + cetalkonium chloride eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14352J OP NP	‡2	5	..	*57.70	25.00	Cationorm [CS]

▪ PARAFFIN

paraffin 1 g/g eye ointment, 2 x 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1750D NP	‡1	5	..	21.51	23.05	Poly Visc [IQ]

paraffin 1 g/g eye ointment, 2 x 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5522P OP	‡1	5	..	21.51	23.05	Poly Visc [IQ]

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1754H NP	2	5	..	*22.00	23.54	Poly Visc [IQ]

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5523Q OP	2	5	..	*22.00	23.54	Poly Visc [IQ]

▪ PARAFFIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

paraffin 1 g/g eye ointment, 2 x 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14493T OP NP	‡2	5	..	*28.66	25.00	Poly Visc [IQ]

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14353K OP NP	4	5	..	*29.64	25.00	Poly Visc [IQ]

▪ PERFLUOROHEXYLOCTANE

Note The in-use shelf life of Novatears is 6 months from the date of opening.

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

perfluorohexyloctane 100% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11439C OP	1	5	..	34.18	25.00	Novatears [AE]

perfluorohexyloctane 100% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11446K NP	1	5	..	34.18	25.00	Novatears [AE]

▪ PERFLUOROHEXYLOCTANE

Note The in-use shelf life of Novatears is 6 months from the date of opening.

Authority required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

perfluorohexyloctane 100% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14424E OP NP	2	5	..	*54.00	25.00	Novatears [AE]

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Restricted benefit

Severe dry eye syndrome

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5524R OP	‡1	5	..	16.91	18.45	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8676P NP	‡1	5	..	16.91	18.45	Systane [AQ]

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15272T NP	2	5	..	*33.32	25.00	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15326P OP	2	5	..	*33.32	25.00	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 30 x 0.8 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13100L NP	2	5	..	*34.68	25.00	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 30 x 0.8 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13113E OP	2	5	..	*34.68	25.00	Systane [AQ]

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Restricted benefit

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14421B OP NP	‡2	5	..	*19.46	21.00	Systane [AQ]

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Authority required (STREAMLINED)

15559

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be sensitive to preservatives in multi-dose eye drops.

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15320H OP NP	4	5	..	*52.28	25.00	Systane [AQ]

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 30 x 0.8 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14520F OP NP	4	5	..	*55.00	25.00	Systane [AQ]

▪ PROPYLENE GLYCOL

Note The in-use shelf life of this product is 6 months from the date of opening

Restricted benefit

Severe dry eye syndrome

propylene glycol 0.6% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14768G OP NP	‡1	5	..	17.16	18.70	Systane Balance [AQ]

▪ PROPYLENE GLYCOL

Note The in-use shelf life of this product is 6 months from the date of opening

Restricted benefit

Severe dry eye syndrome

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

propylene glycol 0.6% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15242F (OP) (NP)	2	5	..	*19.96	21.50	Systane Balance [AQ]

▪ OTOLOGICALS

ANTIINFECTIVES

Antiinfectives

▪ CIPROFLOXACIN

Authority required

Chronic suppurative otitis media

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person, **AND**
- Patient must be aged 1 month or older.

Authority required

Chronic suppurative otitis media

Population criteria:

- Patient must be less than 18 years of age.

Clinical criteria:

- Patient must have perforation of the tympanic membrane.

Authority required

Chronic suppurative otitis media

Population criteria:

- Patient must be less than 18 years of age.

Clinical criteria:

- Patient must have a grommet in situ.

ciprofloxacin 0.3% ear drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2480M (NP)	‡1	1	..	40.00	25.00	Ciloxan [NV]

CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION

Corticosteroids and antiinfectives in combination

▪ FRAMYCETIN SULFATE + GRAMICIDIN + DEXAMETHASONE

framycetin sulfate 0.5% + gramicidin 0.005% + dexamethasone 0.05% ear drops, 8 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2781J (NP)	‡1	2	..	17.95	19.49	[a] Otodex [FQ]
			[B]2.24	20.19	19.49	[a] Sofradex [PB]

▪ TRIAMCINOLONE + NEOMYCIN + GRAMICIDIN + NYSTATIN

triamcinolone acetonide 0.09% + neomycin 0.225% + gramicidin 0.0225% + nystatin 90 000 units/mL ear drops, 7.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2971J (NP)	‡1	2	..	18.38	19.92	[a] Otocomb Otic [LN]
			[B]1.58	19.96	19.92	[a] Kenacomb Otic [AS]

triamcinolone acetonide 0.1% + neomycin 0.25% + gramicidin 0.025% + nystatin 100 000 units/g ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2974M (NP)	‡1	2	..	17.10	18.64	[a] Otocomb Otic [LN]
			[B]2.66	19.76	18.64	[a] Kenacomb Otic [AS]

▪ OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS

ANTIINFECTIVES

Antiinfectives

▪ FRAMYCETIN SULFATE

framycetin sulfate 0.5% eye/ear drops, 8 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1440T (NP) (MW)	‡1	2	..	17.45	18.99	Soframycin [PB]

framycetin sulfate 0.5% eye/ear drops, 8 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5557L OP	‡1	2	..	17.45	18.99	Soframycin [PB]

▪ VARIOUS

▪ ALLERGENS

ALLERGENS

Allergen extracts

▪ HONEY BEE VENOM

honey bee venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2886X	1	..	..	354.34	25.00	Albey Bee Venom [DE]

▪ PAPER WASP VENOM

Note Paper wasp venom is not European wasp venom

paper wasp venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2918N	1	..	..	354.34	25.00	Albey Paper Wasp Venom [DE]

paper wasp venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10620Y	1	..	..	338.88	25.00	Hymenoptera Paper Wasp Venom [DE]

▪ YELLOW JACKET VENOM

yellow jacket venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2883R	1	..	..	354.34	25.00	Albey Yellow Jacket Venom [DE]

▪ ALL OTHER THERAPEUTIC PRODUCTS

ALL OTHER THERAPEUTIC PRODUCTS

Antidotes

▪ NALOXONE

naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11816X DP	‡1	..	..	65.78	25.00	Nyxoid [MF]

naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11817Y NP MW	‡1	..	..	65.78	25.00	Nyxoid [MF]

naloxone hydrochloride 1 mg/mL injection, 2 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11077B DP	1	..	..	68.67	25.00	Prenoxad [FF]

naloxone hydrochloride 1 mg/mL injection, 2 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11078C NP MW	1	..	..	68.67	25.00	Prenoxad [FF]

naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10783M NP MW	1	..	..	31.28	25.00	[a] Naloxone Hydrochloride (DBL) [PF] [a] NALOXONE SXP [XN]	[a] Naloxone Juno [JU]

naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10787R DP	1	..	..	31.28	25.00	[a] Naloxone Hydrochloride (DBL) [PF] [a] NALOXONE SXP [XN]	[a] Naloxone Juno [JU]

Drugs for treatment of hyperkalemia and hyperphosphatemia

▪ LANTHANUM

Authority required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

lanthanum 500 mg chewable tablet, 2 x 45

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9403X NP	1	5	..	190.50	25.00	Fosrenol [TK]

lanthanum 750 mg chewable tablet, 6 x 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9404Y NP	1	5	..	282.89	25.00	Fosrenol [TK]

lanthanum 1 g chewable tablet, 6 x 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9405B NP	1	5	..	317.28	25.00	Fosrenol [TK]

▪ LANTHANUM

Authority required (STREAMLINED)

14872

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

lanthanum 500 mg chewable tablet, 2 x 45

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14060B NP	2	5	..	*371.64	25.00	Fosrenol [TK]

lanthanum 750 mg chewable tablet, 6 x 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13986D NP	2	5	..	*556.42	25.00	Fosrenol [TK]

lanthanum 1 g chewable tablet, 6 x 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13874F NP	2	5	..	*625.20	25.00	Fosrenol [TK]

▪ PATIROMER

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14327

Chronic hyperkalaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be in place of emergency treatment of hyperkalaemia, **AND**
- Patient must be undergoing treatment with a renin angiotensin aldosterone system inhibitor.

Treatment criteria:

- Patient must not be undergoing dialysis.

patiromer 8.4 g powder for oral liquid, 30 sachets

13609G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	366.26	25.00	Veltassa [CS]

patiromer 16.8 g powder for oral liquid, 30 sachets

13613L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	366.26	25.00	Veltassa [CS]

▪ PATIROMER

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

Chronic hyperkalaemia

Treatment Phase: Initial PBS-subsidised treatment (including grandfathered patients)

Population criteria:

- Patient must have stage 3 to stage 4 chronic kidney disease.

Clinical criteria:

- The condition must be inadequately controlled by a low potassium diet., **AND**
- Patient must have experienced at least 2 episodes of hyperkalaemia (defined as serum potassium levels of at least 6.0 mmol/L) within the 12 months prior to commencing this drug, **AND**
- The treatment must not be in place of emergency treatment of hyperkalaemia, **AND**
- Patient must be undergoing treatment with a renin angiotensin aldosterone system inhibitor; OR
- Patient must be indicated for treatment with a renin angiotensin aldosterone system inhibitor, but unable to tolerate this due to prior occurrence of hyperkalaemia.

Treatment criteria:

- Must be treated by a specialist medical practitioner with experience in the diagnosis and management of chronic kidney disease.

patiromer 8.4 g powder for oral liquid, 30 sachets

13610H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	366.26	25.00	Veltassa [CS]

patiromer 16.8 g powder for oral liquid, 30 sachets

13620W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	366.26	25.00	Veltassa [CS]

▪ SEVELAMER

Note Pharmaceutical benefits that have the forms sevelamer hydrochloride 800 mg and sevelamer carbonate 800 mg tablet are equivalent for the purposes of substitution

Authority required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sevelamer carbonate 800 mg tablet, 180

11856B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	161.31	25.00	[a] ARX-SEVELAMER [XT]	[a] Sevelamer Lupin [GQ]

sevelamer hydrochloride 800 mg tablet, 180

2142R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	183.28	25.00	[a] Renagel [GZ]

▪ SEVELAMER

Note Pharmaceutical benefits that have the forms sevelamer hydrochloride 800 mg and sevelamer carbonate 800 mg tablet are equivalent for the purposes of substitution

Authority required (STREAMLINED)

14872

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sevelamer carbonate 800 mg tablet, 180

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14027G NP	2	5	..	*313.26	25.00	[a] ARX-SEVELAMER [XT]	[a] Sevelamer Lupin [GQ]

sevelamer hydrochloride 800 mg tablet, 180

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13934J NP	2	5	..	*357.20	25.00	[a] Renagel [GZ]

▪ SUCROFERRIC OXYHYDROXIDE

Authority required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10250L NP	1	5	..	381.71	25.00	Velphoro [CS]

▪ SUCROFERRIC OXYHYDROXIDE

Authority required (STREAMLINED)

14872

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13985C NP	2	5	..	*754.06	25.00	Velphoro [CS]

Detoxifying agents for antineoplastic treatment

▪ FOLINIC ACID

Note For item codes 8740B and 1610R, pharmaceutical benefits that have the form injection equivalent to 50 mg folinic acid in 5 mL are equivalent for the purposes of substitution.

folinic acid 50 mg/5 mL injection, 5 mL vial

8740B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	2	..	*222.94	25.00	[a] DBL Leucovorin Calcium [PF]

folinic acid 50 mg/5 mL injection, 10 x 5 mL ampoules

1610R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	222.92	25.00	[a] Leucovorin Calcium (Pfizer Australia Pty Ltd) [PF]

▪ FOLINIC ACID

Restricted benefit

Megaloblastic anaemias

Clinical criteria:

- The condition must be a result of folic acid deficiency from the use of folic acid antagonists.

folinic acid 15 mg tablet, 10

2308L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	93.63	25.00	Leucovorin Calcium (Hospira Pty Limited) [PF]

▪ MESNA

Restricted benefit

Urothelial toxicity

Treatment Phase: Prophylaxis or reduction of toxicity

Clinical criteria:

- The treatment must be adjunctive therapy to ifosfamide or high dose cyclophosphamide.

mesna 1 g/10 mL injection, 15 x 10 mL ampoules

8079F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	137.67	25.00	Uromitexan [BX]

mesna 400 mg/4 mL injection, 15 x 4 mL ampoules

8078E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	68.32	25.00	Uromitexan [BX]

Drugs for treatment of hypercalcemia

▪ PHOSPHORUS

Authority required (STREAMLINED)

5089

Hypophosphataemic rickets

Authority required (STREAMLINED)

5114

Vitamin D-resistant rickets

Authority required (STREAMLINED)

5095

Familial hypophosphataemia

Authority required (STREAMLINED)

5123

Hypercalcaemia

phosphorus 500 mg effervescent tablet, 100

2946C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	80.68	25.00	PHOSPHATE PHEBRA [FG]

▪ PHOSPHORUS

Authority required (STREAMLINED)

14874

Hypophosphataemic rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14962

Vitamin D-resistant rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14921

Familial hypophosphataemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14922

Hypercalcaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

phosphorus 500 mg effervescent tablet, 100

13850Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*148.64	25.00	PHOSPHATE PHEBRA [FG]

NP

Other therapeutic products

▪ POLYLACTIC ACID

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Authority applications may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe facial lipoatrophy

Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- The treatment must be for facial administration only, **AND**
- The condition must be caused by therapy for HIV infection.

Accreditation following completion of injection administration training with Galderma is required to prescribe poly-l-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.

polylactic acid 150 mg injection, 1 vial

9475Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*280.98	25.00	Sculptra [GA]

▪ POLYLACTIC ACID

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Maintenance treatment is limited to one re-treatment (maximum 2 vials) every 2 years.

Note Authority applications may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe facial lipoatrophy

Treatment Phase: Maintenance PBS-subsidised treatment

Clinical criteria:

- The treatment must be for facial administration only, **AND**
- The condition must be caused by therapy for HIV infection.

Accreditation following completion of injection administration training with Galderma is required to prescribe poly-l-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.

polylactic acid 150 mg injection, 1 vial

9476R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*280.98	25.00	Sculptra [GA]

▪ DIAGNOSTIC AGENTS

URINE TESTS

▪ GLUCOSE AND KETONE INDICATOR URINE

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

glucose and ketone indicator urine diagnostic strip, 50

3107M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*22.08	23.62	Keto-Diastix [DX]

NP

GENERAL NUTRIENTS

OTHER NUTRIENTS

MEDIUM CHAIN TRIGLYCERIDES

Authority required (STREAMLINED)

6181

Chylous ascites

Authority required (STREAMLINED)

6134

Chylothorax

Authority required (STREAMLINED)

6164

Fat malabsorption

Clinical criteria:

- The condition must be due to liver disease; OR
- The condition must be due to short gut syndrome; OR
- The condition must be due to cystic fibrosis; OR
- The condition must be due to gastrointestinal disorders.

Authority required (STREAMLINED)

6203

Hyperlipoproteinaemia type 1

Authority required (STREAMLINED)

6155

Intractable childhood epilepsy

Clinical criteria:

- Patient must require a ketogenic diet.

Authority required (STREAMLINED)

6135

Cerebrospinal fluid glucose transporter defect

Clinical criteria:

- Patient must require a ketogenic diet.

Authority required (STREAMLINED)

6146

Long chain fatty acid oxidation disorders

medium chain triglycerides oral liquid, 250 mL bottle

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9327X NP	8	5	..	*166.60	25.00	Liquigen [SB]

medium chain triglycerides oral oil, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3128P NP	2	5	..	*112.40	25.00	MCT Oil [SB]

PROTEIN FORMULA WITH CARBOHYDRATE, FAT, VITAMINS AND MINERALS

Note No increase in the maximum number of repeats may be authorised.

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR
- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

Population criteria:

- Patient must be aged from 1 to 10 years inclusive.

protein formula with carbohydrate, fat, vitamins and minerals oral liquid, 12 x 500 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11939J NP	7	5	..	*1593.06	25.00	Nutrini Peptisorb Energy [NU]

Fat/carbohydrates/proteins/minerals/vitamins, combinations

AMINO ACID SYNTHETIC FORMULA

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid synthetic formula powder for oral liquid, 400 g

1521C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*427.32	25.00	Neocate Junior Vanilla [SB]

amino acid synthetic formula powder for oral liquid, 400 g

2250K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*427.32	25.00	EleCare [AB]

▪ AMINO ACID SYNTHETIC FORMULA

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid synthetic formula powder for oral liquid, 400 g

1180D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*287.96	25.00	Neocate Junior Vanilla [SB]

NP

amino acid synthetic formula powder for oral liquid, 400 g

8574G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*287.96	25.00	EleCare [AB]

NP

▪ AMINO ACID SYNTHETIC FORMULA

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

amino acid synthetic formula powder for oral liquid, 400 g

1192R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*287.96	25.00	Neocate Junior Vanilla [SB]

amino acid synthetic formula powder for oral liquid, 400 g

8575H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*287.96	25.00	EleCare [AB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

2246F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*308.52	25.00	Neocate LCP [SB]

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

9339M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*230.36	25.00	EleCare LCP [AB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

2560R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*308.52	25.00	Neocate LCP [SB]

NP

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

9340N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*230.36	25.00	EleCare LCP [AB]

NP

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

1545H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*458.04	25.00	Neocate Gold [SB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5466Q NP	8	5	..	*308.52	25.00	Neocate Gold [SB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

5467R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*308.52	25.00	Neocate Gold [SB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides with 2-fucosyllactose and lacto-N-neotetraose powder for oral liquid, 400 g

13615N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*308.52	25.00	Alfamino [NT]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

---

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides with 2-fucosyllactose and lacto-N-neotetraose powder for oral liquid, 400 g

13627F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*308.52	25.00	Alfamino [NT]

▪ PROTEIN HYDROLYSATE FORMULA WITH MEDIUM CHAIN TRIGLYCERIDES

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6174

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be up to the age of 24 months.

Authority required (STREAMLINED)

6193

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have demonstrated a clinical improvement with the protein hydrolysate formula with medium chain triglycerides.

Population criteria:

- Patient must be up to the age of 24 months.

Authority required (STREAMLINED)

6204

Cows' milk protein enteropathy and intolerance to soy protein

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6137

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6182

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6194

Biliary atresia

Authority required (STREAMLINED)

6157

Chronic liver failure with fat malabsorption

Authority required (STREAMLINED)

6205

Chylous ascites

Authority required (STREAMLINED)

6195

Cystic fibrosis

Authority required (STREAMLINED)

6158

Enterokinase deficiency

Authority required (STREAMLINED)

6166

Proven fat malabsorption

Authority required (STREAMLINED)

6148

Severe diarrhoea of greater than 2 weeks duration

Population criteria:

- Patient must be aged less than 4 months.

Authority required (STREAMLINED)

6138

Severe intestinal malabsorption including short bowel syndrome

protein hydrolysate formula with medium chain triglycerides powder for oral liquid, 450 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8259Q NP	8	5	..	*197.72	25.00	Aptamil Gold+ Pepti-Junior [NU]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR
- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

triglycerides medium chain formula oral liquid, 12 x 500 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12948L NP	12	5	..	*1561.20	25.00	Nutrini Peptisorb [SB]

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10154K NP	8	5	..	*258.44	25.00	Peptamen Junior [NT]

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10155L NP	8	5	..	*355.56	25.00	Lipistart [VF]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

Hyperlipoproteinaemia type 1

Restricted benefit

Long chain fatty acid oxidation disorders

Restricted benefit

Chylous ascites

Restricted benefit

Chylothorax

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1938B NP	8	5	..	*355.56	25.00	Lipistart [VF]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR
- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

Restricted benefit

Hyperlipoproteinaemia type 1

Restricted benefit

Long chain fatty acid oxidation disorders

Restricted benefit

Chylous ascites

Restricted benefit

Chylothorax

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15380L NP	8	5	..	*393.32	25.00	Monogen [SB]

Carbohydrates

▪ MODIFIED LONG CHAIN AMYLOPECTIN

Restricted benefit

Glycogen storage disease

modified long chain amylopectin powder for oral liquid, 30 x 60 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9386B NP	4	5	..	*633.96	25.00	Glycosade [VF]

Amino acids/carbohydrates/minerals/vitamins, combinations

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

10522T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*318.92	25.00	Alfamino Junior [NT]

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

11161K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*335.16	25.00	Neocate Junior [SB]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

10527C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*318.92	25.00	Alfamino Junior [NT]

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

11183N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*335.16	25.00	Neocate Junior [SB]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14797T NP	8	5	..	*363.96	25.00	Essential Care Jr [QH]

Milk substitutes

▪ MILK POWDER SYNTHETIC LOW CALCIUM

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Hypercalcaemia

Population criteria:

- Patient must be under the age of 4 years.

milk powder synthetic low calcium powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3092R NP	8	5	..	*354.84	25.00	Locasol [SB]

Other combinations of nutrients

▪ AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11343B NP	12	5	..	*464.52	25.00	Neocate Syneo [SB]

▪ AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required
Cows' milk protein enteropathy
Treatment Phase: Initial treatment for up to 6 months
Treatment criteria:
- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:
- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:
- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required
Severe cows' milk protein enteropathy with failure to thrive
Treatment Phase: Initial treatment for up to 6 months
Treatment criteria:
- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:
- The condition must not be isolated infant colic or reflux.

Population criteria:
- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required
Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae
Treatment Phase: Initial treatment for up to 6 months
Treatment criteria:
- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:
- The condition must not be isolated infant colic or reflux.

Population criteria:
- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required
Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein
Treatment Phase: Initial treatment for up to 6 months
Treatment criteria:
- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:
- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:
- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11331J NP	8	5	..	*312.76	25.00	Neocate Syneo [SB]

▪ AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Note A risk/benefit analysis prior to treatment, and continuous patient monitoring from a health care professional is required for the use of this product, for this indication.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11340W NP	8	5	..	*312.76	25.00	Neocate Syneo [SB]

▪ AMINO ACID FORMULA WITH CARBOHYDRATE WITHOUT PHENYLALANINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit
Phenylketonuria

amino acid formula with carbohydrate without phenylalanine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12072J NP	4	5	..	*1255.64	25.00	PKU Easy Tablet [OH]

▪ AMINO ACID FORMULA WITH CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE

Restricted benefit
Phenylketonuria

amino acid formula with carbohydrate, vitamins, minerals and trace elements without phenylalanine powder for oral liquid, 30 x 20 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10806R NP	4	5	..	*940.20	25.00	PKU Go [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT METHIONINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit
Pyridoxine non-responsive homocystinuria

amino acid formula with fat, carbohydrate without methionine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12006X NP	5	5	..	*2883.89	25.00	HCU Easy Tablet [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT PHENYLALANINE

Restricted benefit
Phenylketonuria

amino acid formula with fat, carbohydrate without phenylalanine tablet: modified release, 4 x 110 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10683G NP	7	5	..	*1778.35	25.00	PKU Easy Microtabs [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT PHENYLALANINE AND TYROSINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit
Tyrosinaemia

amino acid formula with fat, carbohydrate without phenylalanine and tyrosine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12015J NP	4	5	..	*2329.00	25.00	TYR Easy Tablet [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit
Maple syrup urine disease

amino acid formula with fat, carbohydrate without valine, leucine and isoleucine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12014H NP	5	5	..	*2883.89	25.00	MSUD Easy Tablet [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS AND MINERALS WITHOUT PHENYLALANINE

Restricted benefit
Phenylketonuria

amino acid formula with fat, carbohydrate, vitamins and minerals without phenylalanine tablet: modified release, 6 x 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14782B NP	7	5	..	*1753.08	25.00	PKU Easy Microtabs Plus [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine oral liquid: powder for, 30 x 34 g bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10632N NP	5	5	..	*1755.64	25.00	PKU Easy Shake & Go [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS, WITHOUT PHENYLALANINE AND TYROSINE

Restricted benefit

Tyrosinaemia

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements, without phenylalanine and tyrosine powder for oral liquid, 30 x 34 g bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10934L NP	4	5	..	*2888.12	25.00	TYR Easy Shake & Go [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Authority approval for an increased maximum quantity, up to 3 times the stated quantity (in packs), may be sought.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14825G NP	8	5	..	*363.96	25.00	Essential Care Jr [QH]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN

Restricted benefit

Proven glutaric aciduria type 1

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 30 x 18 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10715Y NP	8	5	..	*1852.04	25.00	GA1 Anamix Junior [NU]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN

Restricted benefit

Proven glutaric aciduria type 1

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2650L NP	8	5	..	*648.28	25.00	GA1 Anamix infant [SB]

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10466W NP	9	5	..	*2724.72	25.00	XLYS, LOW TRY Maxamum [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN

Restricted benefit

Proven glutaric aciduria type 1

Restricted benefit

Pyridoxine dependent epilepsy

Clinical criteria:

- Patient must be managed on a low lysine diet for pyridoxine dependent epilepsy, **AND**
- The condition must be treated by or in consultation with a metabolic physician.

amino acid formula with vitamins and minerals without lysine and low in tryptophan containing 5 g of protein equivalent powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14781Y NP	8	5	..	*1852.04	25.00	GA explore5 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

Pyridoxine non-responsive homocystinuria

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 174 mL sachets

2640Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*3443.84	25.00	HCU cooler 20 [VF]

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 125 mL pouches

1548L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*2610.21	25.00	HCU Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 30 x 25 g sachets

8744F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2610.24	25.00	HCU express 15 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

Pyridoxine non-responsive homocystinuria

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 30 x 29 g sachets

12273Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*3443.84	25.00	HCU Lophlex [SB]

amino acid formula with vitamins and minerals without methionine oral liquid: powder for, 30 x 36 g sachets

10693T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1759.96	25.00	HCU Anamix Junior [NU]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

Pyridoxine non-responsive homocystinuria

Population criteria:

- Patient must be an infant or a very young child.

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 400 g

8417B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*616.28	25.00	HCU Anamix infant [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE

Restricted benefit

Methylmalonic acidaemia

Restricted benefit

Propionic acidaemia

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 400 g

8058D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*616.28	25.00	MMA/PA Anamix infant [SB]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 30 x 25 g sachets

3443F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2610.24	25.00	MMA/PA express 15 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE

Restricted benefit

Methylmalonic acidaemia

Restricted benefit

Propionic acidaemia

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 30 x 18 g sachets

10730R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*1759.96	25.00	MMA/PA Anamix Junior [NU]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine containing 5 g of protein equivalent powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14775P NP	8	5	..	*1759.96	25.00	MMA/PA explore5 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8591E NP	4	5	..	*1266.64	25.00	PKU express 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 34 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1909L NP	4	5	..	*1706.28	25.00	PKU express 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral semi-solid, 36 x 109 g tubs

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2806Q NP	3	5	..	*1527.27	25.00	PKU Lophlex Sensation 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 28 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12136R NP	4	5	..	*1686.12	25.00	PKU Lophlex [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 85 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5483N NP	4	5	..	*847.08	25.00	PKU squeezie [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 125 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14290D NP	4	5	..	*1686.12	25.00	PKU Lophlex Select LQ [NU]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 125 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9021T NP	4	5	..	*1686.12	25.00	PKU Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 36 x 125 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9396M NP	4	5	..	*1027.76	25.00	PKU Anamix Junior LQ [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 130 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8846N NP	4	5	..	*1265.92	25.00	PKU Cooler 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 174 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10411Y NP	4	5	..	*1706.28	25.00	PKU Air 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 174 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2474F NP	4	5	..	*1706.28	25.00	PKU Cooler 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 18 x 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8746H NP	5	5	..	*830.39	25.00	Easiphen [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 60 x 62.5 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9397N NP	2	5	..	*661.46	25.00	PKU Lophlex LQ 10 [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 87 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2382J NP	4	5	..	*827.40	25.00	PKU Cooler 10 [VF]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2739E NP	8	5	..	*1098.52	25.00	XP Maxamum [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

Restricted benefit
Phenylketonuria

amino acid formula with vitamins and minerals without phenylalanine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10258X NP	4	5	..	*848.12	25.00	PKU Anamix Junior [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE

Restricted benefit
Tyrosinaemia

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 30 x 28 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12274B NP	4	5	..	*3443.84	25.00	TYR Lophlex [SB]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8445L NP	8	5	..	*616.28	25.00	TYR Anamix infant [SB]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 125 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1547K NP	3	5	..	*2051.79	25.00	TYR Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 174 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2701E NP	4	5	..	*3443.84	25.00	TYR cooler 20 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

Restricted benefit
Tyrosinaemia

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10260B NP	4	5	..	*1759.96	25.00	TYR Anamix Junior [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE, TYROSINE AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID

Restricted benefit
Tyrosinaemia

amino acid formula with vitamins and minerals without phenylalanine, tyrosine and supplemented with arachidonic acid and docosahexaenoic acid containing 5 g of protein equivalent powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14126L NP	8	5	..	*1760.04	25.00	TYR explore5 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Restricted benefit
Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2380G NP	8	5	..	*616.28	25.00	MSUD Anamix infant [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 125 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1546J NP	3	5	..	*2610.21	25.00	MSUD Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 130 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2375B NP	4	5	..	*2610.24	25.00	MSUD cooler 15 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8057C NP	8	5	..	*2276.84	25.00	MSUD Maxamum [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8632H NP	4	5	..	*2610.24	25.00	MSUD express 15 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 28 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12285N NP	4	5	..	*3443.84	25.00	MSUD Lophlex [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 174 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2654Q NP	4	5	..	*3443.84	25.00	MSUD cooler 20 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

Restricted benefit

Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10259Y NP	4	5	..	*1759.96	25.00	MSUD Anamix Junior [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE, ISOLEUCINE AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID

Restricted benefit

Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine, isoleucine and supplemented with arachidonic acid and docosahexaenoic acid containing 5 g of protein equivalent powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14118C NP	8	5	..	*1760.04	25.00	MSUD explore5 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS, LOW PHENYLALANINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID AND ARACHIDONIC ACID

Restricted benefit

Phenylketonuria

amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11185Q NP	8	5	..	*940.20	25.00	PKU Anamix First Spoon [SB]

amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11859E NP	8	5	..	*940.20	25.00	PKU Explore 5 [VF]

amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11836Y NP	4	5	..	*940.16	25.00	PKU Explore 10 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS, WITHOUT METHIONINE AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID

Restricted benefit

Pyridoxine non-responsive homocystinuria

amino acid formula with vitamins and minerals, without methionine and supplemented with arachidonic acid and docosahexaenoic acid containing 5 g of protein equivalent powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14114W NP	8	5	..	*1760.04	25.00	HCU explore5 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS, MINERALS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8479G NP	8	5	..	*563.96	25.00	PKU Anamix infant [SB]

amino acid formula with vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine powder for oral liquid, 4 x 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14239K NP	2	5	..	*599.34	25.00	PKU Start [VF]

▪ AMINO ACID FORMULA WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula without phenylalanine 1 g tablet, 75

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8678R NP	24	5	..	*1162.20	25.00	Phlexy-10 [SB]

▪ AMINO ACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Restricted benefit

Maple syrup urine disease

amino acid formula without valine, leucine and isoleucine containing 5 g of protein equivalent powder for oral liquid, 30 x 6 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10161T NP	12	5	..	*2888.16	25.00	MSUD amino5 [VF]

▪ ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID WITH CARBOHYDRATE

Restricted benefit

Peroxisomal biogenesis disorders

arachidonic acid and docosahexaenoic acid with carbohydrate containing 200 mg arachidonic acid and 100 mg docosahexaenoic acid powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10036F NP	4	5	..	*327.76	25.00	keyomega [VF]

▪ ARGININE WITH CARBOHYDRATE

Note Arginine with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.

Restricted benefit

Urea cycle disorders

arginine with carbohydrate containing 2 g arginine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5482M NP	4	5	..	*649.44	25.00	Arginine 2000 [VF]

arginine with carbohydrate containing 500 mg arginine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9437Q NP	4	5	..	*436.08	25.00	Arginine 500 [VF]

arginine with carbohydrate containing 5 g arginine powder for oral liquid, 30 x 7.6 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10093F NP	4	5	..	*860.76	25.00	Arginine 5000 [VF]

▪ CARBOHYDRATE, FAT, VITAMINS, MINERALS AND TRACE ELEMENTS

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

carbohydrate, fat, vitamins, minerals and trace elements powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8369L NP	8	5	..	*252.36	25.00	Energivit [SB]

▪ CARBOHYDRATES, FAT, VITAMINS, MINERALS, TRACE ELEMENTS AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

carbohydrates, fat, vitamins, minerals, trace elements and supplemented with arachidonic acid and docosahexaenoic acid providing 200 kilocalories powder for oral liquid, 30 x 43 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10039J NP	4	5	..	*420.96	25.00	basecal 200 [VF]

▪ CITRULLINE

Note Citrulline is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism

Restricted benefit

Urea cycle disorders

Clinical criteria:

- The treatment must be for preventing low plasma arginine levels; OR
- The treatment must be for preventing low citrulline levels.

citrulline 1 g tablet, 300

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10736C NP	‡1	5	..	1079.11	25.00	Citrulline Easy [OH]

▪ CITRULLINE WITH CARBOHYDRATE

Note Citrulline with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.

Restricted benefit

Urea cycle disorders

Clinical criteria:

- The treatment must be for preventing low plasma arginine levels; OR
- The treatment must be for preventing low citrulline levels.

citrulline with carbohydrate containing 1 g citrulline powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5481L NP	4	5	..	*436.08	25.00	Citrulline 1000 [VF]

▪ ESSENTIAL AMINO ACIDS FORMULA

Restricted benefit

Gyrate atrophy of the choroid and retina

Restricted benefit

Urea cycle disorders

essential amino acids formula powder for oral liquid, 2 x 200 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9329B NP	6	5	..	*1018.98	25.00	Essential Amino Acid Mix [SB]

▪ ESSENTIAL AMINO ACIDS FORMULA WITH MINERALS AND VITAMIN C

Restricted benefit

Gyrate atrophy of the choroid and retina

Restricted benefit

Urea cycle disorders

essential amino acids formula with minerals and vitamin C powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2027Q NP	5	5	..	*508.74	25.00	Dialamine [SB]

▪ ESSENTIAL AMINO ACIDS FORMULA WITH VITAMINS AND MINERALS

Restricted benefit

Gyrate atrophy of the choroid and retina

Restricted benefit

Urea cycle disorders

essential amino acids formula with vitamins and minerals powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13759E NP	6	5	..	*1174.02	25.00	EAA Supplement [VF]

▪ GLYCINE WITH CARBOHYDRATE

Restricted benefit

Isovaleric acidaemia

glycine with carbohydrate containing 500 mg glycine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10195N NP	4	5	..	*459.76	25.00	Glycine500 [VF]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACID FORMULA WITH VITAMINS, MINERALS, AND LOW IN TYROSINE AND PHENYLALANINE

Restricted benefit

Tyrosinaemia

glycomacropeptide and essential amino acid formula with vitamins, minerals, and low in tyrosine and phenylalanine powder for oral liquid, 30 x 31 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12175T NP	4	5	..	*3277.12	25.00	Tylactin Build 20 [QH]

glycomacropeptide and essential amino acid formula with vitamins, minerals, and low in tyrosine and phenylalanine powder for oral liquid, 30 x 35 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11832R NP	4	5	..	*4009.36	25.00	TYR Sphere20 [VF]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

Tyrosinaemia

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10528D NP	4	5	..	*3034.36	25.00	Tylactin RTD [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent bar, 14 x 81 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11290F NP	8	5	..	*2839.40	25.00	Tylactin Complete [QH]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

Phenylketonuria

glycomacropeptide and essential amino acids with vitamins and minerals powder for oral liquid, 60 x 20 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11084J NP	5	5	..	*1315.79	25.00	PKU Restore [QH]

glycomacropeptide and essential amino acids with vitamins and minerals powder for oral liquid, 30 x 40 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13714T NP	4	5	..	*2366.84	25.00	Camino Pro Bettermilk [QH]

glycomacropeptide and essential amino acids with vitamins and minerals bar, 7 x 81 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2644E NP	14	5	..	*1932.28	25.00	Camino Pro Complete [QH]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Note This product contains higher vitamin A levels than other PBS-listed glycomacropeptide products.

Restricted benefit
Phenylketonuria

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10332T NP	4	5	..	*2366.76	25.00	PKU Glytactin RTD 15 [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11640P NP	4	5	..	*2366.76	25.00	PKU Glytactin RTD 15 Lite [QH]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Note This product is low in folic acid, choline and methionine and is not intended as a sole source of nutrition.

Restricted benefit
Phenylketonuria

glycomacropeptide and essential amino acids with vitamins and minerals containing 10 g of protein equivalent powder for oral liquid, 30 x 15 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14820B NP	4	5	..	*1577.04	25.00	PKU Build 10 [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 20 g of protein equivalent powder for oral liquid, 30 x 32 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11279P NP	4	5	..	*3119.28	25.00	PKU Build 20 [QH]

▪ GLYCOMACROPEPTIDE FORMULA WITH AMINO ACIDS AND LOW PHENYLALANINE

Note This product does not contain any vitamins, is low in mineral content and is not intended as a sole source of nutrition.

Restricted benefit
Phenylketonuria

glycomacropeptide formula with amino acids and low phenylalanine powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14650C NP	5	5	..	*1315.79	25.00	PKU GMPro MIX-IN [SB]

▪ GLYCOMACROPEPTIDE FORMULA WITH AMINO ACIDS, VITAMINS, MINERALS, TRACE ELEMENTS, CARBOHYDRATE, FAT AND LOW PHENYLALANINE

Restricted benefit
Phenylketonuria

glycomacropeptide formula with amino acids, vitamins, minerals, trace elements, carbohydrate, fat and low phenylalanine powder for oral liquid, 30 x 33.4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14644R NP	4	5	..	*2115.96	25.00	PKU GMPro ULTRA [SB]

▪ GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE

Restricted benefit
Phenylketonuria

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine oral liquid, 15 x 237 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13257R NP	8	5	..	*2010.92	25.00	PKU Sphere Liquid [VF]

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine powder for oral liquid, 30 x 35 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11071Q NP	4	5	..	*2010.96	25.00	PKU Sphere20 [VF]

▪ GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE

Note This product contains higher vitamin A levels than other PBS-listed glycomacropeptide products.

Restricted benefit

Phenylketonuria

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine oral liquid, 18 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11844J NP	10	5	..	*1510.54	25.00	PKU GMPro LQ [SB]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Requests seeking an increased maximum quantity (packs) up to 4 times that stated, may be authorised.

Restricted benefit

Ketogenic diet

Treatment criteria:

- Patient must be undergoing treatment under the strict supervision of a dietitian, together with at least one of: (i) a metabolic physician, (ii) a neurologist.

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate oral semi-solid, 36 x 100 g tubs

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12635B NP	4	5	..	*772.16	25.00	K.Yo [VF]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorities for increased maximum quantities, up to a maximum of 11, may be authorised.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 4:1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio long chain fat to carbohydrate plus protein) oral liquid, 32 x 200 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10185C NP	5	5	..	*921.64	25.00	KetoCal 4:1 LQ [SB]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorisation for an increased maximum quantity, up to double the stated 'Max qty packs' value, may be sought.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

Treatment criteria:

- Patient must be undergoing treatment under the strict supervision of a dietitian, together with at least one of: (i) a metabolic physician, (ii) a neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio medium chain fat to carbohydrate plus protein) oral liquid, 30 x 250 mL cartons

12456N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*1607.04	25.00	KetoVie 4:1 [QH]

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (3:1 ratio medium chain fat to carbohydrate plus protein) oral liquid, 30 x 250 mL cartons

12464B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*1075.44	25.00	KetoVie 3:1 [QH]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 3:1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (3:1 ratio long chain fat to carbohydrate plus protein) powder for oral liquid, 300 g

2652N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
24	5	..	*817.56	25.00	KetoCal 3:1 [SB]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 4:1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio long chain fat to carbohydate plus protein) powder for oral liquid, 300 g

9446E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
24	5	..	*857.16	25.00	KetoCal 4:1 [SB]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorisation for an increased maximum quantity, up to double the stated 'Max qty packs' value, may be sought.
Note No increase in the maximum number of repeats may be authorised.

Authority required

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency, **AND**
- Patient must have severe intestinal malabsorption of whole protein ketogenic diet formula, **AND**
- Patient must have unsuccessfully trialled at least one of the PBS-listed products with the indication of: 'Ketogenic diet'.

This product must only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio medium chain fat to carbohydrate plus protein) oral liquid, 30 x 250 mL cartons

12789D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*1828.56	25.00	KetoVie Peptide 4:1 [QH]

▪ ISOLEUCINE WITH CARBOHYDRATE

Restricted benefit

Maple syrup urine disease

isoleucine with carbohydrate containing 1 g isoleucine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9436P NP	4	5	..	*478.76	25.00	Isoleucine 1000 [VF]

isoleucine with carbohydrate containing 50 mg isoleucine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9134R NP	4	5	..	*436.08	25.00	Isoleucine 50 [VF]

▪ MILK PROTEIN AND FAT FORMULA WITH VITAMINS AND MINERALS CARBOHYDRATE FREE

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency; OR
- Patient must be an infant or young child with glucose-galactose intolerance and multiple monosaccharide intolerance.

milk protein and fat formula with vitamins and minerals carbohydrate free powder for oral liquid, 225 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8630F NP	24	5	..	*889.80	25.00	Carbohydrate Free Mixture [SB]

▪ PHENYLALANINE WITH CARBOHYDRATE

Restricted benefit

Tyrosinaemia

phenylalanine with carbohydrate containing 50 mg phenylalanine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9384X NP	4	5	..	*436.08	25.00	Phenylalanine 50 [VF]

▪ PROTEIN FORMULA WITH AMINO ACIDS, CARBOHYDRATES, VITAMINS AND MINERALS WITHOUT PHENYLALANINE, AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID

Restricted benefit

Phenylketonuria

protein formula with amino acids, carbohydrates, vitamins and minerals without phenylalanine, and supplemented with docosahexaenoic acid oral liquid, 30 x 130 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10658Y NP	5	5	..	*1754.69	25.00	PKU Easy [OH]

▪ PROTEIN FORMULA WITH VITAMINS AND MINERALS, AND LOW IN POTASSIUM, PHOSPHORUS, CALCIUM, CHLORIDE AND VITAMIN A

Authority required (STREAMLINED)

11070

Chronic renal failure

Population criteria:

- Patient must be a child aged 3 years or older.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; OR
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

protein formula with vitamins and minerals, and low in potassium, phosphorus, calcium, chloride and vitamin A oral liquid, 24 x 125 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12191P NP	8	5	..	*1327.88	25.00	Renastep [VF]

▪ SOY PROTEIN AND FAT FORMULA WITH VITAMINS AND MINERALS CARBOHYDRATE FREE

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency; OR
- Patient must be an infant or young child with glucose-galactose intolerance and multiple monosaccharide intolerance.

soy protein and fat formula with vitamins and minerals carbohydrate free oral liquid, 384 mL can

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8577K NP	120	5	..	*545.64	25.00	RCF [AB]

▪ TRIGLYCERIDES LONG CHAIN WITH GLUCOSE POLYMER

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

triglycerides long chain with glucose polymer oral liquid, 6 x 1 L cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9309Y NP	4	5	..	*693.56	25.00	ProZero [VF]

▪ TRIGLYCERIDES MEDIUM CHAIN AND LONG CHAIN WITH GLUCOSE POLYMER

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

triglycerides medium chain and long chain with glucose polymer powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3136C NP	8	5	..	*233.64	25.00	Duocal [SB]

▪ TYROSINE WITH CARBOHYDRATE

Note This formulation is suitable for patients aged 3 and older.

Restricted benefit

Phenylketonuria

tyrosine with carbohydrate containing 1 g tyrosine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9165J NP	4	5	..	*436.08	25.00	Tyrosine 1000 [VF]

▪ VALINE WITH CARBOHYDRATE

Restricted benefit

Maple syrup urine disease

valine with carbohydrate containing 1 g valine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9434M NP	4	5	..	*478.76	25.00	Valine 1000 [VF]

valine with carbohydrate containing 50 mg valine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9135T NP	4	5	..	*436.08	25.00	Valine 50 [VF]

▪ VITAMINS, MINERALS AND TRACE ELEMENTS

Note Phlexy-Vits must only be used under strict supervision of a dietician and a paediatrician.

Restricted benefit

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be aged 3 years or older.

vitamins, minerals and trace elements powder for oral liquid, 30 x 7 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11200L NP	1	5	..	274.97	25.00	Phlexy-Vits [SB]

▪ VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE

Note FruitiVits must only be used under strict supervision of a dietitian and a paediatrician.

Restricted benefit

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be aged 3 years or older.

vitamins, minerals and trace elements with carbohydrate powder for oral liquid, 30 x 6 g sachets

10149E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	248.41	25.00	FruitiVits [VF]

▪ VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE

Note Paediatric Seravit must only be used under strict supervision of a dietitian and a paediatrician.

Restricted benefit

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be an infant or a child.

vitamins, minerals and trace elements with carbohydrate powder for oral liquid, 200 g

9328Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*328.08	25.00	Paediatric Seravit [SB]

▪ WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, LONG CHAIN POLYUNSATURATED FATTY ACIDS, VITAMINS AND MINERALS, LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE

Authority required (STREAMLINED)

6190

Chronic renal failure

Population criteria:

- Patient must be an infant or a young child.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; OR
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

whey protein formula supplemented with amino acids, long chain polyunsaturated fatty acids, vitamins and minerals, low in protein, phosphate, potassium and lactose powder for oral liquid, 6 x 400 g cans

2870C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1364.44	25.00	Renastart [VF]

▪ WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, VITAMINS AND MINERALS, AND LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE

Authority required (STREAMLINED)

6190

Chronic renal failure

Population criteria:

- Patient must be an infant or a young child.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; OR
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

whey protein formula supplemented with amino acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose powder for oral liquid, 400 g

8587Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
16	5	..	*853.40	25.00	Kindergen [SB]

Palliative Care

ALIMENTARY TRACT AND METABOLISM....1691

STOMATOLOGICAL PREPARATIONS 1691
STOMATOLOGICAL PREPARATIONS.... 1691
DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS.... 1691
BELLADONNA AND DERIVATIVES, PLAIN 1691
PROPULSIVES.... 1691
DRUGS FOR CONSTIPATION 1691
DRUGS FOR CONSTIPATION.... 1691

MUSCULO-SKELETAL SYSTEM....1692

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS.... 1692
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS.... 1692

NERVOUS SYSTEM....1693

ANALGESICS.... 1693
OPIOIDS 1693
OTHER ANALGESICS AND ANTIPYRETICS.... 1704
ANTIEPILEPTICS.... 1705
ANTIEPILEPTICS 1705
PSYCHOLEPTICS.... 1706
ANTIPSYCHOTICS.... 1706
ANXIOLYTICS 1706
HYPNOTICS AND SEDATIVES 1706

ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Other agents for local oral treatment

BENZYDAMINE

Authority required (STREAMLINED)

6197

Painful mouth

Clinical criteria:

- Patient must be receiving palliative care.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

5385K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	22.81	24.35	Difflam [IL]

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, semisynthetic, quaternary ammonium compounds

HYOSCINE BUTYLBROMIDE

Authority required (STREAMLINED)

6207

For use in patients receiving palliative care

hyoscine butylbromide 20 mg/mL injection, 5 x 1 mL ampoules

5317W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
6	3	..	*55.44	25.00	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE-AFT [AE]
					[a] HYOSCINE BUTYLBROMIDE MEDSURGE [DZ]	[a] HYOSCINE BUTYLBROMIDE SXP [XN]

PROPULSIVES

Propulsives

METOCLOPRAMIDE

Authority required (STREAMLINED)

6084

Nausea or gastric stasis

Clinical criteria:

- Patient must be receiving palliative care.

metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules

10762K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	2	..	*44.00	25.00	[a] Metoclopramide HCl Medsurge [DZ]	[a] METOCLOPRAMIDE INJECTION BP [WZ]

METOCLOPRAMIDE

Restricted benefit

For use in patients receiving palliative care

metoclopramide hydrochloride 10 mg tablet, 25

12507G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*25.32	25.00	[a] APO-Metoclopramide [TX]	[a] EMEXLON [RW]
					[a] METOCLOPRAMIDE-WGR [WG]	[a] Pramin [AF]
		[B]13.24	*38.56	25.00	[a] Maxolon [IL]	

DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Osmotically acting laxatives

MACROGOL-3350

Authority required (STREAMLINED)

6170

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

macrogol-3350 1 g/g powder for oral liquid, 510 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5426N NP	2	3	..	*32.74	25.00	OsmoLax [KY]

▪ MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE

Authority required (STREAMLINED)

6171

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5389P NP	2	3	..	*41.36	25.00	[a] APOHEALTH Macrogol with Electrolytes [GX] [a] Chemists' Own Constipation Relief with electrolytes [OW]	[a] APO-MACROGOL plus ELECTROLYTES [TX] [a] Macrovic [RF]

Enemas

▪ CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 12 x 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5331N NP	2	3	..	*37.38	25.00	Micolette [AE]

Peripheral opioid receptor antagonists

▪ METHYLNALTREXONE

Authority required (STREAMLINED)

6180

Opioid-induced constipation

Clinical criteria:

- The treatment must be in combination with oral laxatives, **AND**
- Patient must be receiving palliative care, **AND**
- Patient must have failed to respond to laxatives.

methylnaltrexone bromide 12 mg/0.6 mL injection, 0.6 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5423K NP	7	..	..	*178.92	25.00	Relistor [LM]

methylnaltrexone bromide 12 mg/0.6 mL injection, 7 x 0.6 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5424L NP	1	..	..	178.94	25.00	Relistor [LM]

▪ MUSCULO-SKELETAL SYSTEM

▪ ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS

Acetic acid derivatives and related substances

▪ INDOMETACIN

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

indometacin 25 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5377B NP	2	3	..	*21.04	22.58	[a] Arthrexin [AF]
			[B]4.68	*25.72	22.58	[a] Indocid [AS]

Propionic acid derivatives

▪ IBUPROFEN

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

ibuprofen 400 mg tablet, 30

5368M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	3	..	*22.59	24.13	[a] APO-Ibuprofen 400 [TX]	[a] WGR-IBUPROFEN 400 [WG]
		[B]7.02	*29.61	24.13	[a] Brufen [GO]	

▪ NAPROXEN

Restricted benefit

Severe pain

Treatment criteria:

- Patient must be undergoing palliative care.

Clinical criteria:

- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

naproxen 125 mg/5 mL oral liquid, 474 mL

5397C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	121.58	25.00	Phebra Naproxen Suspension [FF]

▪ NAPROXEN

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

naproxen 1 g modified release tablet, 28

5348L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	20.72	22.26	[a] Proxen SR 1000 [IY]
		[B]2.29	23.01	22.26	[a] Naprosyn SR1000 [IX]

naproxen 250 mg tablet, 50

5345H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*23.62	25.00	Naprosyn [IX]

naproxen 750 mg modified release tablet, 28

5347K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	19.14	20.68	[a] Proxen SR 750 [IY]
		[B]2.30	21.44	20.68	[a] Naprosyn SR750 [IX]

▪ NAPROXEN

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

naproxen sodium 550 mg tablet, 50

5353R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	19.75	21.29	[a] Crysanal [IY]
		[B]2.77	22.52	21.29	[a] Anaprox 550 [IX]

▪ NERVOUS SYSTEM

▪ ANALGESICS

OPIOIDS

Natural opium alkaloids

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

12531M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*35.77	25.00	[a] Dilaudid-HP [MF] [a] HYDROMORPHONE JUNO-HP [JU]	[a] Hydromorphone-hameln-HP [HW] [a] MEDSURGE HYDROMORPHONE HP 10 mg/1 mL [DZ]

hydromorphone hydrochloride 2 mg/mL injection, 5 x 1 mL ampoules

12493M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*31.85	25.00	[a] Dilaudid [MF] [a] HYDROMORPHONE JUNO [JU]	[a] Hydromorphone-hameln [HW] [a] MEDSURGE HYDROMORPHONE 2 mg/1 mL [DZ]

hydromorphone hydrochloride 2 mg tablet, 20

12497R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*32.87	25.00	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

12484C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*37.27	25.00	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

12515Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*53.59	25.00	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Note Pharmaceutical benefits that have the brand Hydromorphone hydrochloride oral solution, USP (Medsurge) and pharmaceutical benefits that have the brand Hikma are equivalent for the purposes of substitution in the case of a shortage.

Authority required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

12565H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	422.96	25.00	[a] Hikma [LM]

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

13806P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	517.98	25.00	[a] Hydromorphone hydrochloride oral solution, USP (Medsurge) [DZ]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Telephone approvals are limited to 1 month's therapy.

Authority required

Severe disabling pain

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 10 mg tablet, 20

5393W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	24.44	25.00	Sevredol [MF]

morphine sulfate pentahydrate 20 mg tablet, 20

5394X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	25.19	25.00	Sevredol [MF]

morphine sulfate pentahydrate 30 mg tablet, 20

14655H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	31.32	25.00	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

12494N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*32.37	25.00	Morphine Juno [JU]

morphine hydrochloride trihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

12470H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*43.63	25.00	Morphine Juno [JU]

morphine hydrochloride trihydrate 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12537W NP	2	1	..	*55.37	25.00	Morphine Juno [JU]

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12548K NP	2	1	..	*35.07	25.00	MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12503C NP	2	1	..	*39.13	25.00	MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12472K NP	2	1	..	*288.89	25.00	Ordine 10 [XT]

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12549L NP	2	1	..	*190.31	25.00	[a] Morphine Phebra [FF]	[a] Ordine 5 [XT]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12492L NP	2	..	..	*33.23	25.00	MS Contin [MF]

morphine sulfate pentahydrate 60 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12544F NP	2	..	..	*79.67	25.00	MS Contin [MF]

morphine sulfate pentahydrate 10 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12501Y NP	2	..	..	*38.49	25.00	Kapanol [YN]

morphine sulfate pentahydrate 100 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12529K NP	2	..	..	*101.43	25.00	Kapanol [YN]

morphine sulfate pentahydrate 120 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12512M NP	2	..	..	*79.65	25.00	MS Mono [MF]

morphine sulfate pentahydrate 20 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12539Y NP	2	..	..	*40.21	25.00	Kapanol [YN]

morphine sulfate pentahydrate 30 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12490J NP	2	..	..	*39.21	25.00	MS Mono [MF]

morphine sulfate pentahydrate 50 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12489H NP	2	..	..	*63.43	25.00	Kapanol [YN]

morphine sulfate pentahydrate 60 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12487F NP	2	..	..	*53.99	25.00	MS Mono [MF]

morphine sulfate pentahydrate 90 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12514P NP	2	..	..	*61.05	25.00	MS Mono [MF]

morphine sulfate pentahydrate 10 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12547J NP	2	..	..	*33.95	25.00	MS Contin [MF]

morphine sulfate pentahydrate 100 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12483B NP	2	..	..	*104.13	25.00	MS Contin [MF]

morphine sulfate pentahydrate 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12476P NP	2	..	..	*45.57	25.00	MS Contin [MF]

morphine sulfate pentahydrate 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5391R NP	2	..	..	*223.85	25.00	MS Contin [MF]

morphine sulfate pentahydrate 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12500X NP	2	..	..	*54.03	25.00	MS Contin [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12502B NP	2	1	..	*28.27	25.00	[a] Morphine Juno [JU]

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12499W NP	2	1	..	*29.79	25.00	[a] MORPHINE SULFATE 10 mg/1 mL MEDSURGE [DZ]

▪ MORPHINE

Caution The risk of drug dependence is high.

Morphine sulfate pentahydrate 10 and 20 mg modified release capsules must not be co-prescribed with immediate release oral morphine, when it has been prescribed for the reduction of chronic breathlessness.

Note Treatment should be initiated by a specialist knowledgeable in the use of potent opioids for the management of chronic breathlessness.

Note Applications for an increased maximum quantity to provide for 1 month's supply of this drug will be authorised.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Restricted benefit

Chronic Breathlessness

Clinical criteria:

- Patient must be receiving palliative care.

morphine sulfate pentahydrate 10 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11760Y NP	1	..	..	29.29	25.00	Kapanol [YN]

morphine sulfate pentahydrate 20 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11761B NP	1	..	..	30.15	25.00	Kapanol [YN]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note OxyContin modified release tablets are intended to be crush-deterrent and to reduce the rapid release of oxycodone upon accidental or intentional misuse.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 10 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12518W NP	2	..	..	*41.43	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12545G NP	2	..	..	*57.41	25.00	OxyContin [MF]

oxycodone hydrochloride 20 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12510K NP	2	..	..	*57.89	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12538X NP	2	..	..	*83.75	25.00	OxyContin [MF]

oxycodone hydrochloride 40 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12525F NP	2	..	..	*77.25	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 80 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12527H NP	2	..	..	*113.73	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

▪ OXYCODONE + NALOXONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 60 mg + naloxone hydrochloride 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12511L NP	2	..	..	*148.75	25.00	[a] ARX-Oxycodone/Naloxone 60/30 [TX]	[a] Targin 60/30 [MF]

oxycodone hydrochloride 80 mg + naloxone hydrochloride 40 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12498T NP	2	..	..	*155.87	25.00	[a] ARX-Oxycodone/Naloxone 80/40 [TX]	[a] Targin 80/40 [MF]

oxycodone hydrochloride 2.5 mg + naloxone hydrochloride 1.25 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12471J NP	2	..	..	*39.21	25.00	[a] ARX-Oxycodone/Naloxone 2.5/1.25 [TX]	[a] Targin 2.5/1.25 mg [MF]

oxycodone hydrochloride 15 mg + naloxone hydrochloride 7.5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12540B NP	2	..	..	*64.87	25.00	[a] ARX-Oxycodone/Naloxone 15/7.5 [TX]	[a] Targin 15/7.5mg [MF]

oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12532N NP	2	..	..	*96.47	25.00	[a] ARX-Oxycodone/Naloxone 30/15 [TX]	[a] Targin 30/15 mg [MF]

oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12523D NP	2	..	..	*47.35	25.00	[a] ARX-Oxycodone/Naloxone 10/5 [TX]	[a] Targin 10/5mg [MF]

oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12486E NP	2	..	..	*68.45	25.00	[a] ARX-Oxycodone/Naloxone 20/10 [TX]	[a] Targin 20/10mg [MF]

oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12475N NP	2	..	..	*93.17	25.00	[a] ARX-Oxycodone/Naloxone 40/20 [TX]	[a] Targin 40/20mg [MF]

oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12522C NP	2	..	..	*45.71	25.00	[a] ARX-Oxycodone/Naloxone 5/2.5 [TX]	[a] Targin 5/2.5mg [MF]

Phenylpiperidine derivatives

▪ FENTANYL

Caution The risk of drug dependence is high.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Breakthrough pain

Treatment Phase: Initial treatment for dose titration

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 400 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10603C NP	1	..	..	81.08	25.00	Abstral [FK]

fentanyl 100 microgram orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10729Q NP	2	..	..	*76.83	25.00	Fentora [TB]

fentanyl 100 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10601Y NP	2	..	..	*143.17	25.00	Abstral [FK]

fentanyl 200 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10600X NP	2	..	..	*143.17	25.00	Abstral [FK]

fentanyl 200 microgram orally disintegrating tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10697B NP	2	..	..	*76.83	25.00	Fentora [TB]

fentanyl 300 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10606F NP	1	..	..	81.08	25.00	Abstral [FK]

fentanyl 200 microgram lozenge, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5401G NP	1	..	..	89.51	25.00	Actiq [TB]

fentanyl 400 microgram lozenge, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5402H NP	1	..	..	89.51	25.00	Actiq [TB]

fentanyl 600 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10604D NP	1	..	..	81.08	25.00	Abstral [FK]

fentanyl 800 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10612M NP	1	..	..	81.08	25.00	Abstral [FK]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note For first continuing supply, applications for increased repeats for up to 3 months' supply may be authorised.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 months' therapy.

Authority required

Breakthrough pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 100 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10602B NP	2	..	..	*399.35	25.00	Abstral [FK]

fentanyl 200 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10607G NP	2	..	..	*399.35	25.00	Abstral [FK]

fentanyl 400 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10608H NP	2	..	..	*399.35	25.00	Abstral [FK]

fentanyl 200 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10698C NP	2	..	..	*432.13	25.00	Fentora [TB]

fentanyl 400 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10737D NP	2	..	..	*278.49	25.00	Fentora [TB]

fentanyl 600 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10713W NP	2	..	..	*278.49	25.00	Fentora [TB]

fentanyl 800 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10738E NP	2	..	..	*278.49	25.00	Fentora [TB]

fentanyl 100 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10684H NP	2	..	..	*432.13	25.00	Fentora [TB]

fentanyl 200 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5407N NP	2	..	..	*501.05	25.00	Actiq [TB]

fentanyl 300 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10610K NP	2	..	..	*399.35	25.00	Abstral [FK]

fentanyl 600 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10613N NP	2	..	..	*399.35	25.00	Abstral [FK]

fentanyl 400 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5408P NP	2	..	..	*501.05	25.00	Actiq [TB]

fentanyl 600 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5409Q NP	2	..	..	*367.95	25.00	Actiq [TB]

fentanyl 800 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5410R NP	2	..	..	*367.95	25.00	Actiq [TB]

fentanyl 800 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10611L NP	2	..	..	*399.35	25.00	Abstral [FK]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 25 microgram/hour patch, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12504D NP	2	..	..	*37.77	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 50 microgram/hour patch, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12477Q NP	2	..	..	*52.57	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 75 microgram/hour patch, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12474M NP	2	..	..	*64.59	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 100 microgram/hour patch, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12509J NP	2	..	..	*75.31	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 12 microgram/hour patch, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12541C NP	2	..	..	*33.99	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

Diphenylpropylamine derivatives

▪ METHADONE

Caution The risk of drug dependence is high.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 month's therapy.

Authority required

Chronic severe disabling pain

Treatment Phase: Initial treatment, for up to 3 months

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

methadone hydrochloride 5 mg/mL oral liquid, 200 mL

5399E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	28.34	25.00	Aspen Methadone Syrup [AS]

▪ METHADONE

Caution The risk of drug dependence is high.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 month's therapy.

Authority required

Chronic severe disabling pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

methadone hydrochloride 5 mg/mL oral liquid, 200 mL

5400F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	28.34	25.00	Aspen Methadone Syrup [AS]

▪ METHADONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note This treatment is not recommended for use in ambulant patients.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

methadone hydrochloride 10 mg tablet, 20

12520Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
6	..	..	*51.09	25.00	[a] METHADONE-AFT [AE]	[a] Physeptone [AS]

methadone hydrochloride 10 mg/mL injection, 5 x 1 mL vials

14193B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
24	..	..	*887.37	25.00	Physeptone [AS]

methadone hydrochloride 5 mg tablet, 20

15412E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*39.87	25.00	METHADONE-AFT [AE]

Oripavine derivatives

▪ BUPRENORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

buprenorphine 5 microgram/hour patch, 2

10957Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*34.71	25.00	[a] B-Patch [IU] [a] Buprenorphine Sandoz [SZ]	[a] Bupredermal [TX] [a] Norspan [MF]

buprenorphine 15 microgram/hour patch, 2

10953L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*53.55	25.00	[a] B-Patch [IU] [a] Buprenorphine Sandoz [SZ]	[a] Bupredermal [TX] [a] Norspan [MF]

buprenorphine 25 microgram/hour patch, 2

10964C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*67.47	25.00	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 30 microgram/hour patch, 2

10949G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*74.23	25.00	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 40 microgram/hour patch, 2

10959T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*87.79	25.00	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 10 microgram/hour patch, 2

10948F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*46.41	25.00	[a] B-Patch [IU] [a] Buprenorphine Sandoz [SZ]	[a] Bupredermal [TX] [a] Norspan [MF]

buprenorphine 20 microgram/hour patch, 2

10970J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*60.71	25.00	[a] B-Patch [IU] [a] Buprenorphine Sandoz [SZ]	[a] Bupredermal [TX] [a] Norspan [MF]

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

▪ PARACETAMOL

Restricted benefit

Analgesia or fever

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- Patient must be intolerant to alternative therapy.

paracetamol 500 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12210P NP	10	3	..	*96.84	25.00	Panadol [GJ]

▪ PARACETAMOL

Note Pharmaceutical benefits that have the form paracetamol 665 mg modified release tablet, 96 and pharmaceutical benefits that have the form paracetamol 665 mg modified release tablet, 192 are equivalent for the purposes of substitution.

Restricted benefit

Analgesia or fever

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- Patient must be intolerant to alternative therapy.

paracetamol 665 mg modified release tablet, 192

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10796F NP	1	3	..	21.66	23.20	[a] Osteomol 665 Paracetamol [CR]	[a] Parapane OSTEO [XT]

paracetamol 665 mg modified release tablet, 96

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5343F NP	2	3	..	*21.84	23.38	[a] APOHEALTH Osteo Relief Paracetamol 665 mg [TX] [a] Osteomol 665 Paracetamol [CR] [a] Pharmacy Action Paracetamol Osteo 665 [GQ]	[a] Chemists' Own Osteo Relief Paracetamol [RF] [a] Parapane OSTEO [XT]

▪ ANTIEPILEPTICS

ANTIEPILEPTICS

Benzodiazepine derivatives

▪ CLONAZEPAM

Restricted benefit

For use in patients receiving palliative care

clonazepam 1 mg/mL injection [5 x 1 mL ampoules] (&) inert substance diluent [5 x 1 mL ampoules], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12534Q NP	1	1	..	24.61	25.00	Rivotril [PB]

▪ CLONAZEPAM

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients receiving palliative care

clonazepam 2.5 mg/mL (0.1 mg/drop) oral liquid, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5339B NP	2	3	..	*21.84	23.38	Rivotril [PB]

clonazepam 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5338Y NP	1	3	..	23.57	25.00	Paxam 2 [AF]

▪ CLONAZEPAM

Note Pharmaceutical benefits that have form pack size clonazepam 500 microgram tablet, 100 and clonazepam 500 microgram tablet, 50 are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients receiving palliative care

clonazepam 500 microgram tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11520H NP	2	3	[B]1.72	*22.86	22.68	[a] Rivotril [PB]

clonazepam 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5337X NP	1	3	..	20.93	22.47	[a] Paxam 0.5 [AF]

Palliative

■ PSYCHOLEPTICS

ANTIPSYCHOTICS

Butyrophenone derivatives

▪ HALOPERIDOL

Restricted benefit

For use in patients receiving palliative care

haloperidol 5 mg/mL injection, 10 x 1 mL ampoules

12519X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	25.23	25.00	[a] HALOPERIDOL MEDSURGE [DZ]	[a] Serenace [AS]

NP

ANXIOLYTICS

Benzodiazepine derivatives

▪ DIAZEPAM

Note No increase in the maximum number of repeats may be authorised.

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving palliative care.

diazepam 2 mg tablet, 50

5355W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	17.10	18.64	[a] APX-Diazepam [TY] [a] Valpam 2 [RW]	[a] DIAZEPAM-WGR [WG]
		[B]2.78	19.88	18.64	[a] Antenex 2 [AF]	

NP

diazepam 5 mg tablet, 50

5356X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	17.10	18.64	[a] Antenex 5 [AF] [a] DIAZEPAM-WGR [WG]	[a] APX-Diazepam [TY] [a] Valpam 5 [RW]
		[B]3.07	20.17	18.64	[a] Valium [IX]	

NP

▪ OXAZEPAM

Note No increase in the maximum number of repeats may be authorised.

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving palliative care.

oxazepam 15 mg tablet, 25

5371Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*19.84	21.38	[a] Alepam 15 [AF]	[a] Serepax [AS]

NP

oxazepam 30 mg tablet, 25

5372R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*19.84	21.38	[a] Alepam 30 [AF] [a] OXAZEPAM-WGR [WG]	[a] APO-Oxazepam [TX]
		[B]1.60	*21.44	21.38	[a] Murelax [RW]	
		[B]7.40	*27.24	21.38	[a] Serepax [AS]	

NP

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

▪ NITRAZEPAM

Note No increase in the maximum number of repeats may be authorised.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving palliative care.

nitrazepam 5 mg tablet, 25

5359C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*19.84	21.38	[a] Alodorm [AF]	[a] Mogadon [IL]

NP

▪ TEMAZEPAM

Note No increase in the maximum number of repeats may be authorised.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving palliative care.

temazepam 10 mg tablet, 25

5375X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*19.84	21.38	[a] APO-Temazepam [TX]	[a] Temaze [AF]
					[a] TEMAZEPAM-WGR [WG]	[a] Temtabs [LN]
		[B]9.62	*29.46	21.38	[a] Normison [AS]	

Repatriation Pharmaceutical Benefits Scheme

BENEFICIARIES' ENTITLEMENT CARDS AND ELIGIBILITY FOR REPATRIATION PHARMACEUTICAL BENEFITS

Gold card
This card is issued to those veterans of Australia's defence force, their widows/widowers and dependants entitled to treatment for all medical conditions.

White card
A White Card is issued to Australian veterans or mariners under the Veterans' Entitlements Act 1986 with:

- an accepted war or service-caused injury or disease;
- malignant cancer (neoplasia) whether war-caused or not;
- pulmonary tuberculosis whether war-caused or not;
- post-traumatic stress disorder whether war-caused or not; or
- anxiety and/or depression whether war-caused or not.

Orange card
Orange Repatriation pharmaceutical benefits cards are issued to Commonwealth and allied veterans and mariners who:

- have qualifying service from World War I or II and
- are aged 70 or over and
- have been resident in Australia for 10 years or more.

For more information go to the Department of Veterans' Affairs website:
http://www.dva.gov.au

RPBS Explanatory Notes
Introduction

The Australian Repatriation System

- The Australian Repatriation system is based primarily on the principle of compensation to veterans and eligible dependants for injury or death related to war service. In certain cases, treatment is also provided for accepted injuries or conditions that are not service-related or have occurred as a result of other than war service.
- Through the *Veterans' Entitlements Act 1986* the Department of Veterans' Affairs provides programs of compensation, income support and treatment for eligible veterans and their dependants. One of the defined benefits for eligible veterans is the Repatriation Pharmaceutical Benefits Scheme. This range of medications and dressings is more comprehensive than is available through the Pharmaceutical Benefits Scheme.

RPBS prescribing provisions

- Unless otherwise stated, Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions must conform with the requirements of Pharmaceutical Benefits Scheme (PBS) prescriptions, as detailed in Section 1 – Explanatory Notes in the *Schedule of Pharmaceutical Benefits* book. The prescriber shall ensure that a prescription contains the following details:
  - the category of benefit, i.e., RPBS, by placing a cross in the relevant box;
  - the patient's full name and address;
  - the prescription date;
  - the DVA file number of the patient as evidence of entitlement;
  - in the case of authority prescriptions, the Authority approval number or the four digit streamlined authority code;
  - the item, form, strength, quantity and directions;
  - the number of repeats, if applicable;
  - indicate when brand substitution is not permitted; and
  - the name, signature, the prescriber number and address of the prescriber.

Prior Approval Arrangements

- The prior approval of the Department is required to prescribe the following:
  - 'Authority required' items (excluding 'Authority required (STREAMLINED)' items) listed in either the PBS or RPBS Schedule;
  - increased quantities and/or repeats of items listed in either the PBS or RPBS Schedule;
  - items listed under section 100 of the *National Health Act 1953*; and
  - other items not listed in either Schedule (non-Schedule items).
- The above items are to be prescribed on the common PBS/RPBS authority prescription form in accordance with the directions stated in the Explanatory Notes in the *Schedule of Pharmaceutical Benefits* (See also information regarding dental prescribing and prescribing by optometrists under the RPBS in these Notes.)
- All Authority required prescriptions and requests for non-Schedule items must receive prior approval from the Department. This can be achieved by either:
  - using the Department's national free call number 1800 552 580; or
  - by mailing the written authority prescription to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) at the reply paid address shown at the end of these RPBS Explanatory Notes.

Prior approval is not required from DVA to prescribe an Authority required (STREAMLINED) item (except where increased quantities and/or repeats are required). Instead the authority prescription form must include a four digit streamlined authority code.

- Some requests for prior approval (including some non-Schedule items) need to be referred by VAPAC to the Repatriation Pharmaceutical Reference Committee for consideration. In such cases a VAPAC pharmacist will advise the prescriber to submit a request in writing that provides the following information:
  - A current clinical report on the patient's condition (such as age, co-morbidities, renal, liver failure) and clinical reports including pathology, biochemistry, diagnostic and other investigations if appropriate.
  - Details of past and current therapy for the condition. Include details of PBS, RPBS and non-Schedule items utilised, and the results of those therapies.
  - Details of the proposed treatment regimen. Include intended dose and duration of treatment and objective measures of response.
  - When the proposed use of the item is outside the TGA-approved indications for use in Australia, provide copies of articles from peer reviewed publications supporting the proposed treatment.
  - Signed, informed patient consent where the item is to be used for a non-TGA-approved indication.
  - For items without Australian marketing approval, a copy of the TGA Special Access Scheme approval to prescribe the drug.
- Requests for prior approval to prescribe a non-Schedule (PBS or RPBS) item that is of the same therapeutic class (ATC level 3) as an item that is listed on the Schedule, will not be approved unless unequivocal clinical evidence is presented to demonstrate that the requested item is essential for effective treatment of the nominated patient.
- A pharmacist should not supply an item prescribed on an RPBS Authority Prescription Form unless the form has been approved and stamped by VAPAC, or has been endorsed by the prescriber with a telephone Authority approval number provided by VAPAC. Medicare Australia will not accept RPBS Authority prescriptions that have not been approved by the Department of Veterans' Affairs for payment.

Palliative Care Drugs

- The following medications may be available, or made available in increased quantities or doses under prior approval arrangements for use only in the palliative care of terminal disease:
  - clonazepam
  - cyclizine

- dexamethasone
- disodium pamidronate
- fentanyl
- glycopyrrolate
- hyoscine butylbromide
- hyoscine hydrobromide
- ketamine
- midazolam
- octreotide

- For further information telephone VAPAC on 1800 552 580.

Dental Prescribing

- Under Department of Veterans' Affairs arrangements, financial responsibility for pharmaceutical benefits prescribed by a Local Dental Officer (LDO) is limited to treatment to which holders of the following cards are entitled: Where possible the LDO shall prescribe in accordance with the provisions governing dental prescribing under the Pharmaceutical Benefits Scheme (PBS).
  - a Gold Repatriation Health Card – For All Conditions; or
  - a White Repatriation Health Card – For Specific Conditions; or
  - an Orange Repatriation Pharmaceutical Benefits Card.
- Prescriptions for PBS Dental Schedule items for Gold, White and Orange Card holders are to be dispensed at the PBS concessional rate. Claims for payment by the dispensing pharmacist are to be included with other Repatriation prescriptions. The card holder is required to meet the cost of any applicable brand premium.
- When a non-PBS Dental Schedule item is prescribed for an eligible card holder, the LDO's private prescription form should be used. The dispensing pharmacist may charge the patient the full cost of the prescription. The patient may claim a refund for the full cost of a non-Schedule item from the Department if an itemised receipt (not a cash register receipt) and a copy of the prescription are provided.

Prescribing by optometrists

- Optometrists approved as 'PBS prescribers' may write RPBS prescriptions as outlined in Section 1 for medicines listed in Section 2 of the PBS Schedule as pharmaceutical benefits for optometrical use.
- Medicines in the optometrist list include non-Authority and Authority required items. Procedures for obtaining VAPAC approval to prescribe 'Authority required' optometrist items or increased quantities and/or repeats of optometrist items under the RPBS are the same as indicated under prior approval arrangements above.
- The list of medicines for prescribing by optometrists under the RPBS is the same as applies under the PBS. There are no optometrist listings in the RPBS Schedule for prescribing for veterans only. There is no provision for optometrist prescribers to request approval to prescribe items that are not included in the PBS optometrist list (non-Schedule items).
- Optometrist PBS/RPBS prescription forms are for use for prescribing non-Authority or Authority required optometrist items under the RPBS with one item per form only.

Provisions governing pricing and payment for RPBS benefits

Introduction

- Unless otherwise stated, the pricing and payment principles and arrangements for approved pharmacists supplying pharmaceutical benefits under the RPBS will be the same as those arrangements applying under the PBS.
- Where a pharmaceutical benefit that is not listed on the PBS or RPBS Schedule is dispensed on an RPBS Authority prescription, a pharmacist will price the benefit and enter the serial number, prescription identifying number and price on the sticker or stamp imprint affixed to the prescription.

Pricing of Schedule Items

- Items supplied under the RPBS from the PBS Schedule, both ready-prepared and extemporaneously-prepared, will be paid on the same basis as benefits supplied under the PBS. Items supplied under the RPBS from the Repatriation Schedule, including wound dressings, will be paid on the basis of the price as given in the Repatriation Pharmaceutical Benefits section (Section 1 – RPBS Schedule, Drugs, Medicines and Dressings) of the *Schedule of Pharmaceutical Benefits*.

Pricing of Non-Schedule Ready Prepared Items

- Non-Schedule ready-prepared items are to be priced on the basis of the invoiced, GST-exclusive wholesale price to pharmacists plus the appropriate PBS mark-up and the PBS dispensing fee. Where the item price to pharmacists is greater than $100.00, a copy of the invoice pertaining to the supply of that item is to be submitted together with the appropriate copy of the authority prescription as part of the claim for payment.

Pricing of Non-Schedule Extemporaneously Prepared Items

- When an ingredient drug is not listed in the PBS Drug Tariff, the recovery price will be based on the invoiced wholesale price to pharmacists, increased by a mark-up of 100%, calculated in accordance with the directions contained in the pricing instructions for pricing of PBS extemporaneously-prepared benefits in this Schedule. The price paid by the pharmacist for the commercial pack from which the ingredient is used shall be endorsed on the prescription form.

Miscellaneous Pricing Rules

- The price to pharmacists used as the basis of pricing will be the invoiced, GST-exclusive price from the wholesaler.
- If multiple quantities of a manufacturer's original pack are supplied, the PBS mark-up is applied to the price to pharmacist of each pack and then totalled. The PBS dispensing fee, and the PBS dangerous drug fee if applicable, are then added to the total of the marked-up prices.

- When the quantity prescribed corresponds with the quantity of a manufacturer's original pack, in no circumstances will the price payable for one pack exceed that payable for multiples or combinations of packs to supply the quantity prescribed.
- The list of ingredient drugs and prices included in the PBS Drug Tariff are common to both the PBS and RPBS. Certain restrictions apply regarding the prescribing and dispensing of some of these ingredient drugs as pharmaceutical benefits, e.g., use as additive only.
- For items prescribed generically, including non-Schedule and wound dressings, the pharmacist should indicate on the prescription the quantity and brand supplied. If prescriptions are not endorsed, the Department will pay the lowest priced acceptable product available.

General

Packaging Material, Postage or Freight

- Payment to a pharmacist for the costs of packaging materials, postage or freight required to supply a pharmaceutical benefit is to be paid by the patient, who may then claim reimbursement from the Department through the provision of a pharmacists itemised receipt.

Payment for Items Supplied at Short Intervals

- For all items dispensed at specific short intervals of time, the Department will pay a separate PBS dispensing fee for each occasion that the drug is supplied and which is acknowledged on receipt by the patient or agent.
- The price payable on the items supplied will be based on the individual dose quantity supplied. Where applicable, a PBS dangerous drug fee and a minimum container charge will be payable for each supply.

Receipts for Patient Charges

- Where a charge is paid by a patient in any of the circumstances of paragraphs 13 or 24, the pharmacist is required to provide a printed receipt to the patient with the details of the items or services provided, the amount paid, date of supply and the patients name and address. The patient may apply for reimbursement from the Department.

Special Patient Contributions

- The Special Patient Contribution for items listed as Special Pharmaceutical Benefits in the PBS Schedule is not payable by veterans entitled to pharmaceutical benefits under the RPBS. Eligible veterans receiving Special Pharmaceutical Benefits under the RPBS are required to pay only the concessional patient contribution and any applicable brand premium. If a Safety Net Entitlement card is held, the veteran should receive a Special Pharmaceutical Benefit free of charge, subject to any brand premium applicable. Medicare Australia will reimburse the dispensing pharmacist the total dispensed price, less the concessional patient contribution and/or brand premium if applicable.

Therapeutic Group Premiums — Authority Processing

- Items attracting a therapeutic group premium are dual listed. Dispensing pharmacists are therefore required to select the appropriate code for those items that are dual listed as authority and non-authority items, in order to correctly charge the patient and claim from Medicare Australia. Those authority prescriptions that grant exemption from a therapeutic group premium will have the letters 'TPX' at the beginning of the telephone Authority approval number, or, in the case of a written approval, will be stamped with the words "This prescription does not attract a therapeutic group premium".

Contact the Department of Veterans' Affairs

Authority Prescription Applications

Applications for authority to prescribe under the Repatriation Pharmaceutical Benefits Scheme (RPBS) should be sent to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) using the free postal service:

REPLY PAID 9998
VAPAC (Veterans' Affairs Pharmaceutical Advisory Centre)
Department of Veterens' Affairs
GPO Box 9998
BRISBANE QLD 4001

For RPBS enquiries and telephone approvals 24 hours a day the Freecall number is: 1800 552 580
Departmental pharmacists answer applications for prior approval for non-Schedule items and Authority application calls.

WOUND ASSESSMENT AND DRESSING IDENTIFICATION

It is essential to define the aetiology of the wound before selecting a dressing. Recommendations are based on wound type, colour of wound base, depth of wound, and amount of exudate.

This wound chart adheres to the MOIST WOUND concept of healing and wound dressings are described below as ABSORBING or MOISTURE DONATING.

Most wound healing products are designed to remain in situ for several days, with the exception of those for infected wounds which should be changed daily. The quantities and repeats listed in the Repatriation Schedule are considered to be adequate to manage the treatment of a wound for two weeks to one month, when an assessment of the wound's healing process should be undertaken.

DRESSINGS

Pink Epithelialising Wound

Aim: To protect and promote epithelialisation. Epithelialising wounds normally are superficial and only produce a light exudate.

(A) Covering	Film; Film Island	Gauze—Paraffin; Non-adherent
(B) Absorbing	Foam (Light Exudate); Hydroactive (Superficial Wound—Light Exudate)	Hydrocolloid (Superficial Wound—Light Exudate)

Red Granulating Wound

Aims: (1) to protect the granulating tissue; (2) to encourage epithelialisation; (3) to absorb excess exudate.

LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	Foam (Light Exudate); Hydroactive (Superficial Wound—Light Exudate); Hydrocolloid (Superficial Wound—Light Exudate)	Hydrocolloid (Cavity Wound)
(B) Moisture donating	Hydrogel—Amorphous; Hydrogel—Sheet	Hydrogel—Amorphous
HIGH EXUDATE:	Superficial	Cavity
(A) Absorbing	Alginate (Superficial Wound); Foam—Heavy Exudate; Hydroactive (Superficial Wound—Moderate Exudate); Hydrocolloid (Superficial Wound—Moderate/High Exudate)	Alginate (Cavity Wound); Foam—Moderate Exudate (see “cavity conforming” product); Hydroactive (Cavity Wound); Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

Yellow Sloughy Wound

Aims: (1) to remove slough; (2) to encourage granulation; (3) to absorb excess exudate.

LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	Cadexomer Iodine; Foam—Light Exudate; Foam with Charcoal; Hydroactive (Superficial Wound—Moderate Exudate); Hydrocolloid (Superficial Wound—Moderate Exudate)	Cadexomer Iodine; Hydrocolloid (Cavity Wound)
(B) Moisture Donating	Hydrogel—Amorphous; Hydrogel—Sheet	Hydrogel—Amorphous
HIGH EXUDATE:	Superficial	Cavity
(A) Absorbing	Alginate (Superficial Wound); Cadexomer Iodine; Foam—Heavy Exudate; Hydroactive (Superficial Wound—Moderate/High Exudate); Hydrocolloid (Superficial Wound—Moderate/High Exudate)	Alginate (Cavity Wound); Cadexomer Iodine; Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

Black Necrotic Wound

Aims: To remove eschar by — (1) sharp debridement, e.g., scissor/scalpel and/or (2) rehydration and autolytic debridement. (These wounds usually produce a LIGHT EXUDATE.)

DRY / LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	Hydroactive (Superficial Wound—Light Exudate); Hydrocolloid (Superficial Wound—Light/Moderate Exudate)	Hydrocolloid (Cavity Wound)
(B) Moisture donating	Hydrogel—Amorphous; Hydrogel—Sheet	Hydrogel—Amorphous; Hydrogel—Sheet

INFECTED WOUNDS

Aims: (1) to clear the infection with systemic antibiotics; (2) to absorb excess exudate; (3) to remove slough if present; (4) to decrease bacterial burden - by applying a Silver dressing or Cadexomer Iodine dressing.

MALODOROUS WOUNDS

Aims: (1) to clear infection if present; (2) to remove slough if present; (3) to clear colonising odour-producing bacteria in slough — by applying metronidazole gel, a Silver dressing or a Cadexomer Iodine dressing; (4) to absorb excess exudate.
Products: Activated Charcoal; Alginate with Charcoal; Foam with Charcoal; Silver dressing; Cadexomer Iodine dressing.

MINOR SKIN TRAUMA

Aims: (1) to stop bleeding; (2) to prevent infection; (3) to minimise the surface defect; (4) to promote epithelialisation.

ORDERING COLOPLAST PRODUCTS

Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

ORDERING HARTMANN PRODUCTS

Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

ORDERING MOLNLYCKE HEALTHCARE PRODUCTS

Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

ORDERING SMITH & NEPHEW PRODUCTS

Smith & Nephew products are distributed via the three major wholesalers, API, SIGMA & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

ALIMENTARY TRACT AND METABOLISM 1717
STOMATOLOGICAL PREPARATIONS 1717
STOMATOLOGICAL PREPARATIONS 1717
DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS 1717
DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS 1717
BELLADONNA AND DERIVATIVES, PLAIN 1717
DRUGS FOR CONSTIPATION 1717
DRUGS FOR CONSTIPATION 1717
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS 1719
ANTIPROPULSIVES 1719
ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS 1719
ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS 1719
VITAMINS 1720
VITAMIN B1, PLAIN AND IN COMBINATION WITH VITAMIN B6 AND B12 1720
VITAMIN B-COMPLEX, INCL. COMBINATIONS 1720
MINERAL SUPPLEMENTS 1720
CALCIUM 1720
OTHER MINERAL SUPPLEMENTS 1721
BLOOD AND BLOOD FORMING ORGANS 1721
ANTITHROMBOTIC AGENTS 1721
ANTITHROMBOTIC AGENTS 1721
ANTIANEMIC PREPARATIONS 1722
IRON PREPARATIONS 1722
VITAMIN B12 AND FOLIC ACID 1722
BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS 1723
IRRIGATING SOLUTIONS 1723
CARDIOVASCULAR SYSTEM 1723
VASOPROTECTIVES 1723
AGENTS FOR TREATMENT OF HEMORRHOIDS AND ANAL FISSURES FOR TOPICAL USE 1723
DERMATOLOGICALS 1723
ANTIFUNGALS FOR DERMATOLOGICAL USE 1723
ANTIFUNGALS FOR TOPICAL USE 1723
ANTIFUNGALS FOR SYSTEMIC USE 1724
EMOLLIENTS AND PROTECTIVES 1724
EMOLLIENTS AND PROTECTIVES 1724
PROTECTIVES AGAINST UV-RADIATION 1725
ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC. 1725
ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC. 1725
ANTIPSORIATICS 1725
ANTIPSORIATICS FOR TOPICAL USE 1725
ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE 1725
ANTIBIOTICS FOR TOPICAL USE 1725
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS 1726

CORTICOSTEROIDS, PLAIN 1726
ANTISEPTICS AND DISINFECTANTS 1726
ANTISEPTICS AND DISINFECTANTS 1726
OTHER DERMATOLOGICAL PREPARATIONS 1726
OTHER DERMATOLOGICAL PREPARATIONS 1726

GENITO URINARY SYSTEM AND SEX HORMONES 1728

GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS 1728
ANTIINFECTIVES AND ANTISEPTICS, EXCL. COMBINATIONS WITH CORTICOSTEROIDS 1728
OTHER GYNECOLOGICALS 1729
OTHER GYNECOLOGICALS 1729
UROLOGICALS 1729
UROLOGICALS 1729
DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY 1731

ANTIINFECTIVES FOR SYSTEMIC USE 1733

ANTIBACTERIALS FOR SYSTEMIC USE 1733
MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS 1733

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 1734

ANTINEOPLASTIC AGENTS 1734
ANTIMETABOLITES 1734
IMMUNOSUPPRESSANTS 1734
IMMUNOSUPPRESSANTS 1734

MUSCULO-SKELETAL SYSTEM 1735

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN 1735
TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN 1735
DRUGS FOR TREATMENT OF BONE DISEASES 1735
DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION 1735

NERVOUS SYSTEM 1736

ANALGESICS 1736
OPIOIDS 1736
OTHER ANALGESICS AND ANTIPYRETICS 1737
PSYCHOLEPTICS 1738
ANXIOLYTICS 1738
HYPNOTICS AND SEDATIVES 1738

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS 1739

ANTHELMINTICS 1739
ANTINEMATODAL AGENTS 1739

RESPIRATORY SYSTEM 1739

NASAL PREPARATIONS 1739
DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE 1739
NASAL DECONGESTANTS FOR SYSTEMIC USE 1739

RPBS

ANTIHISTAMINES FOR SYSTEMIC USE 1739
ANTIHISTAMINES FOR SYSTEMIC USE 1739

SENSORY ORGANS 1740

OPHTHALMOLOGICALS 1740
ANTIINFECTIVES 1740
OTOLOGICALS 1740
OTHER OTOLOGICALS 1740

VARIOUS 1741

ALL OTHER THERAPEUTIC PRODUCTS 1741
ALL OTHER THERAPEUTIC PRODUCTS 1741
GENERAL NUTRIENTS 1741
OTHER NUTRIENTS 1741
ALL OTHER NON-THERAPEUTIC PRODUCTS 1741
ALL OTHER NON-THERAPEUTIC PRODUCTS 1741

ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Antiinfectives and antiseptics for local oral treatment

CHLORHEXIDINE

chlorhexidine gluconate 0.2% mouthwash, 250 mL

4161B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.03	7.70	Plaqacide [OB]

chlorhexidine gluconate 0.2% mouthwash, 300 mL

4204G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.83	7.70	Savacol Mouth and Throat Rinse [OM]

NYSTATIN

nystatin 100 000 units/mL oral liquid, 24 mL

10854G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	20.65	7.70	[a] Pharmacy Action Nystatin Oral Drops [GQ]	[a] Trust Nystatin Oral Drops [CR]
		..	21.85	7.70	[a] Mycostatin Oral Drops [LN]	

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

Synthetic anticholinergics, esters with tertiary amino group

MEBEVERINE

mebeverine hydrochloride 135 mg tablet, 90

4328T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	31.64	7.70	[a] APO-Mebeverine [TX]	[a] Colese [AF]
		..	36.01	7.70	[a] Colofac [GO]	

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, semisynthetic, quaternary ammonium compounds

HYOSCINE BUTYLBROMIDE

hyoscine butylbromide 20 mg/mL injection, 5 x 1 mL ampoules

4279F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	21.21	7.70	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE-AFT [AE]
					[a] HYOSCINE BUTYLBROMIDE MEDSURGE [DZ]	[a] HYOSCINE BUTYLBROMIDE SXP [XN]

DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Softeners, emollients

DOCUSATE

docusate sodium 50 mg tablet, 100

4200C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	21.01	7.70	Coloxyl 50 [AS]

Contact laxatives

BISACODYL

bisacodyl 10 mg suppository, 10

10578R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*26.85	7.70	[a] Petrus Bisacodyl Suppositories [PP]
		..	*28.05	7.70	[a] Dulcolax [VZ]

RPBS

bisacodyl 10 mg suppository, 12

10580W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	4	..	*25.59	7.70	Petrus Bisacodyl Suppositories [PP]

▪ BISACODYL

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

bisacodyl 10 mg suppository, 10

14567Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*39.30	7.70	[a] Petrus Bisacodyl Suppositories [PP]
		..	*41.70	7.70	[a] Dulcolax [VZ]

bisacodyl 10 mg suppository, 12

14572Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	4	..	*36.78	7.70	Petrus Bisacodyl Suppositories [PP]

▪ DOCUSATE + SENNOSIDE B

docusate sodium 50 mg + sennoside B 8 mg tablet, 90

10177P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	20.03	7.70	[a] Pharmacy Action Colox-Senna [HQ]	
		..	20.07	7.70	[a] Chemists' Own Laxative with Senna [RW]	[a] Coloxyl with Senna [LN]
					[a] Co-Senna [PP]	[a] Trust Coloxease [CR]

▪ SENNOSIDE B

sennoside B 7.5 mg tablet, 100

4455L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	19.59	7.70	[a] Senna-Gen [PP]
		..	20.64	7.70	[a] Senokot [RC]

Bulk-forming laxatives

▪ DRY PSYLLIUM HUSK

dry psyllium husk 3.5 g powder for oral liquid, 30 sachets

4285M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	23.83	7.70	Fybogel [RC]

▪ PSYLLIUM HUSK POWDER

psyllium husk powder 3.4 g/7 g powder for oral liquid, 504 g

12596Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	33.55	7.70	Metamucil Natural Granular [PY]

psyllium husk powder 3.4 g/5.9 g powder for oral liquid, 283 g

4419N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	27.22	7.70	Metamucil Orange Smooth [PY]

Enemas

▪ CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 4 x 5 mL

4462W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.59	7.70	Micolette [AE]

Other drugs for constipation

▪ GLYCEROL

glycerol 1.4 g suppository, 12

10596Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*26.46	7.70	Petrus Pharmaceuticals Pty Ltd [PP]

RPBS

glycerol 2.8 g suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4246L	3	5	..	*26.91	7.70	Petrus Pharmaceuticals Pty Ltd [PP]

glycerol 700 mg suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10586E	3	5	..	*26.13	7.70	Petrus Pharmaceuticals Pty Ltd [PP]

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS

ANTIPROPULSIVES

Antipropulsives

LOPERAMIDE

loperamide hydrochloride 2 mg capsule, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10592L	1	..	..	15.99	7.70	[a] A-WON DIARRHOEA RELIEF CAPSULES [WN]	[a] Gastrex [CR]

loperamide hydrochloride 2 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11135C	1	..	..	15.99	7.70	[a] A-WON DIARRHOEA RELIEF CAPSULES [WN] [a] Pharmacy Action Diarrhoea Relief [GQ]	[a] Gastrex [CR]

ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS

ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS

Peripherally acting antiobesity products

ORLISTAT

Note The patient should be ideally enrolled in an exercise program and be receiving supplemental vitamins.

Authority required

Obesity

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a Body Mass Index (BMI) greater than or equal to 35 with no known co-morbidities; OR
- Patient must have a BMI greater than or equal to 30 with 1 or more of the following co-morbidities;(i) diabetes;(ii) ischaemic heart disease;(iii) psychiatric conditions;(iv) hypertension, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available), **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime.

The prescriber must provide the patient's initial body weight and BMI at the time of application.

Authority required

Obesity

Treatment Phase: Continuing treatment (3 to 6 months following commencement)

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have reduced their inital body weight by 2.5 kg or 2.5% (whichever is the lesser) during the period 3 to 6 months following commencement of treatment with this drug, **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available).

Authority required

Obesity

Treatment Phase: Continuing treatment (6 to 12 months following commencement)

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have reduced their inital body weight by 5 kg or 5% (whichever is the lesser) during the period 6 to 12 months following commencement of treatment with this drug, **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available).

orlistat 120 mg capsule, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4570M	1	2	..	133.20	7.70	Xenical [PB]

▪ VITAMINS

VITAMIN B1, PLAIN AND IN COMBINATION WITH VITAMIN B6 AND B12

Vitamin B1, plain

▪ THIAMINE

thiamine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4043T	1	2	..	18.22	7.70	Betavit [PP]

▪ THIAMINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

thiamine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14182K	2	2	..	*22.08	7.70	Betavit [PP]

VITAMIN B-COMPLEX, INCL. COMBINATIONS

Vitamin B-complex, plain

▪ LYSINE + THIAMINE + PYRIDOXINE + CYANOCOBALAMIN + FERRIC PYROPHOSPHATE

lysine hydrochloride 300 mg/10 mL + thiamine hydrochloride 10 mg/10 mL + pyridoxine hydrochloride 5 mg/10 mL + cyanocobalamin 25 microgram/10 mL + iron (as ferric pyrophosphate) 10 mg/10 mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4493L	‡1	2	..	20.20	7.70	Accomin Adult Tonic [PF]

▪ MINERAL SUPPLEMENTS

CALCIUM

Calcium

▪ CALCIUM

Restricted benefit

Hyperphosphataemia

Clinical criteria:

- The condition must be associated with chronic renal failure.

calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4142B	2	1	..	*25.20	7.70	[a] A-WON Calcium 600 [WN]	[a] Cal-care 600 mg [CR]
			..	*27.74	7.70	[a] CAL-600 [PP]	

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11845K	2	1	..	*29.96	7.70	Cal-500 [PP]

▪ CALCIUM

Restricted benefit

Hyperphosphataemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be associated with chronic renal failure.

calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14175C	4	1	..	*36.04	7.70	[a] A-WON Calcium 600 [WN]	[a] Cal-care 600 mg [CR]
			..	*41.12	7.70	[a] CAL-600 [PP]	

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14217G	4	1	..	*45.56	7.70	Cal-500 [PP]

▪ CALCIUM

Restricted benefit
Hypocalcaemia
Restricted benefit
Osteoporosis
Restricted benefit
Proven calcium malabsorption

calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

4082W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	19.78	7.70	[a] A-WON Calcium 600 [WN]	[a] Cal-care 600 mg [CR]
		..	21.05	7.70	[a] CAL-600 [PP]	

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

11862H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	22.16	7.70	Cal-500 [PP]

▪ CALCIUM

Restricted benefit
Hypocalcaemia
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit
Osteoporosis
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit
Proven calcium malabsorption
Clinical criteria:
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

14174B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*25.20	7.70	[a] A-WON Calcium 600 [WN]	[a] Cal-care 600 mg [CR]
		..	*27.74	7.70	[a] CAL-600 [PP]	

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

14176D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*29.96	7.70	Cal-500 [PP]

OTHER MINERAL SUPPLEMENTS

Magnesium

▪ MAGNESIUM

Restricted benefit
Hypomagnesaemia
The condition must be documented in the patient's medical records.

magnesium 37.4 mg tablet, 50

4321K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	19.92	7.70	Mag-Sup [PP]	
		..	20.20	7.70	Amcal Mag-A [IG]	Pharmacy Care Magnesium [SI]
		..	20.75	7.70	Magmin [BB]	

Magnesium 37.4 mg tablet, 120

15372C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.68	7.70	A-WON Magnesium [WN]

▪ BLOOD AND BLOOD FORMING ORGANS

▪ ANTITHROMBOTIC AGENTS

ANTITHROMBOTIC AGENTS

Platelet aggregation inhibitors excl. heparin

▪ ASPIRIN

aspirin 100 mg tablet, 112

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10590J	1	1	..	16.31	7.70	Spren 100 [OW]

aspirin 100 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4076M	1	1	..	22.16	7.70	Cardiprin 100 [RC]

▪ ASPIRIN

Note The enteric coated preparations are for patients with a significant risk of gastrointestinal bleeding.

aspirin 100 mg enteric capsule, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4078P	1	1	..	21.28	7.70	Astrix [YN]

aspirin 100 mg enteric tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4077N	1	1	..	20.51	7.70	Cardasa [AF]	
						[a] Cartia [AS]	[a] Pharmacy Action Low Dose Aspirin [GQ]
						[a] Trust Aspirin EC 100 [CR]	

▪ ANTIANEMIC PREPARATIONS

IRON PREPARATIONS

Iron bivalent, oral preparations

▪ FERROUS FUMARATE

ferrous fumarate 200 mg (iron 65.7 mg) tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10594N	1	1	..	20.50	7.70	Ferro-tab [AE]

Iron in combination with folic acid

▪ FERROUS FUMARATE + FOLIC ACID

ferrous fumarate 310 mg (iron 100 mg) + folic acid 350 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10579T	1	1	..	21.44	7.70	Ferro-f-tab [AE]

VITAMIN B12 AND FOLIC ACID

Vitamin B12 (cyanocobalamin and analogues)

▪ HYDROXOCOBALAMIN

Note One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B_{12} deficiencies.

Note Pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as acetate) in 1 mL and pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as chloride) in 1 mL are equivalent for the purposes of substitution.

Restricted benefit

Pernicious anaemia

Restricted benefit

Proven vitamin B12 deficiencies other than pernicious anaemia

Restricted benefit

Anaemias associated with vitamin B12 deficiency

Clinical criteria:

- Patient must have had a gastrectomy, **AND**
- The treatment must be for prophylaxis.

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10577Q	1	..	..	18.57	7.70	[a] Vita-B12 [GH]

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10587F	1	..	..	18.57	7.70	[a] Neo-B12 [PF]

Folic acid and derivatives

RPBS

▪ FOLIC ACID

folic acid 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10584C	2	..	..	*18.62	7.70	[a] Foltabs 500 [PP]	[a] Megafol 0.5 [AF]

▪ FOLIC ACID

Note The 5 mg strength tablet should be used in malabsorption states only.

folic acid 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10573L	2	1	..	*20.68	7.70	Megafol 5 [AF]

▪ BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS

IRRIGATING SOLUTIONS

Salt solutions

▪ SODIUM CHLORIDE

sodium chloride 0.9% (9 g/L) solution, 1 L bottle

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4461T	‡1	2	..	18.02	7.70	Baxter Healthcare Pty Ltd [BX]

sodium chloride 0.9% (4.5 g/500 mL) solution, 500 mL bottle

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4460R	‡1	2	..	17.76	7.70	Baxter Healthcare Pty Ltd [BX]

▪ CARDIOVASCULAR SYSTEM

▪ VASOPROTECTIVES

AGENTS FOR TREATMENT OF HEMORRHOIDS AND ANAL FISSURES FOR TOPICAL USE

Other agents for treatment of hemorrhoids and anal fissures for topical use

▪ ZINC OXIDE + PERU BALSAM + BENZYL BENZOATE

zinc oxide 300 mg + peru balsam 50 mg + benzyl benzoate 33 mg suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4040P	‡1	1	..	20.21	7.70	Anusol [JT]

zinc oxide 10.75% + peru balsam 1.88% + benzyl benzoate 1.25% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4039N	‡1	1	..	21.12	7.70	Anusol [JT]

▪ DERMATOLOGICALS

▪ ANTIFUNGALS FOR DERMATOLOGICAL USE

ANTIFUNGALS FOR TOPICAL USE

Imidazole and triazole derivatives

▪ CLOTRIMAZOLE

clotrimazole 1% cream, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4004R	‡1	1	..	16.24	7.70	[a] Pharmacy Action Anti-Fungal Cream [GQ]
			..	16.55	7.70	[a] Clonea [AF]

Other antifungals for topical use

▪ AMOROLFINE

Restricted benefit
Onychomycosis

amorolfine 5% solution, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4010C	‡1	1	..	49.82	7.70	[a] Myconail [AE]	[a] Pharmacy Action Anti-Fungal Nail Treatment [GQ]
			..	84.99	7.70	[a] Aporyl [TX]	
			..	93.48	7.70	[a] Loceryl [GA]	

RPBS

▪ TERBINAFINE

Restricted benefit

Tinea pedis

terbinafine hydrochloride 1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4473K	‡1	1	..	27.41	7.70	[a] Lamisil [NP]	[a] Pharmacy Action Pharmisil [GQ]
						[a] Trust Terbinafine Cream [CR]	

terbinafine 1% gel, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4463X	‡1	..	..	28.64	7.70	Lamisil DermGel [NP]

▪ TOLNAFTATE

tolnaftate 0.07% spray, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4481W	‡1	..	..	21.67	7.70	Tinaderm [BN]

ANTIFUNGALS FOR SYSTEMIC USE

Antifungals for systemic use

▪ TERBINAFINE

Authority required

Onychomycosis

Clinical criteria:

- The condition must be due to dermatophyte infection proven by microscopy and confirmed by an Approved Pathology Provider; OR
- The condition must be due to dermatophyte infection proven by culture and confirmed by an Approved Pathology Provider.

terbinafine 250 mg tablet, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4011D	1	1	..	26.75	7.70	[a] APO-Terbinafine [TX]	[a] Tamsil [RW]
						[a] Terbinafine Sandoz [SZ]	[a] TERBINAFINE-WGR [WG]
						[a] Tinasil [AF]	

▪ EMOLLIENTS AND PROTECTIVES

EMOLLIENTS AND PROTECTIVES

Soft paraffin and fat products

▪ WOOL ALCOHOLS

wool alcohols 6% ointment, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4041Q	‡1	1	..	20.91	7.70	Eucerin [BE]

Carbamide products

▪ UREA

urea 10% cream, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4042R	‡1	2	..	19.27	7.70	Aquacare H.P. [VE]
			..	19.47	7.70	Urederm [KY]

Other emollients and protectives

▪ GLYCEROL + WHITE SOFT PARAFFIN

glycerol 5% + white soft paraffin 5% lotion, 1 L

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11712K	‡1	1	..	32.99	7.70	QV Skin Lotion [EO]

▪ SKIN EMOLLIENT

SKIN EMOLLIENT Bath oil 500 mL, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4122Y	‡1	2	..	23.58	7.70	Alpha Keri Bath Oil [MT]
			..	25.61	7.70	QV Bath Oil [EO]
			..	25.69	7.70	Hamilton Skin Therapy Oil [KY]

SKIN EMOLLIENT Lotion 500 mL, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4107E	‡1	2	..	23.58	7.70	Alpha Keri Lotion [MT]

PROTECTIVES AGAINST UV-RADIATION

Protectives against UV-radiation for topical use

▪ BEMOTRIZINOL + DIETHYLAMINO HYDROXYBENZOYL HEXYL BENZOATE + HOMOSALATE + OCTOCRYLENE + TITANIUM DIOXIDE

bemotrizinol 1.8% + diethylamino hydroxybenzoyl hexyl benzoate 4% + homosalate 8% + octocrylene 8% + titanium dioxide 2.5% lotion, 125 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
13188D	‡1	2	..	24.16	7.70	Sunsense Comfort SPF 50+ [EO]

▪ SUNSCREENS

SUNSCREENS Cream 75 g, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4307Q	‡1	2	..	24.16	7.70	Sunsense Sensitive SPF 50+ [EO]

SUNSCREENS Lotion (non-alcoholic) 125 mL, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4546G	‡1	2	..	22.42	7.70	Aquasun Lotion SPF 18 [PF]

▪ ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

Anesthetics for topical use

▪ LIDOCAINE

lidocaine hydrochloride 2% oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4308R	‡1	..	..	103.72	7.70	Xylocaine Viscous [AS]

Other antipruritics

▪ TAR + TROLAMINE LAURIL SULFATE

Note For patients who have failed to respond to simple moisturising agents.

tar 2.3% + trolamine lauril sulfate 6% solution, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4408B	‡1	2	..	28.28	7.70	Pinetarsol [EO]

▪ ANTIPSORIATICS

ANTIPSORIATICS FOR TOPICAL USE

Tars

▪ COAL TAR SOLUTION + PHENOL + PRECIPITATED SULFUR

coal tar solution 5% + phenol 0.5% + precipitated sulfur 0.5% gel, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4505D	‡1	2	..	22.46	7.70	Egopsoryl-TA [EO]

▪ ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

ANTIBIOTICS FOR TOPICAL USE

Other antibiotics for topical use

▪ MUPIROCIN

mupirocin 2% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4350Y	‡1	..	..	22.72	7.70	[a] Medicianz Mupirocin Ointment [DZ]	[a] MUPIROCIN-WGR [WG]
			..	23.50	7.70	[a] APO-Mupirocin [TX]	
			..	26.48	7.70	[a] Bactroban [GK]	

RPBS

▪ MUPIROCIN

Restricted benefit
Secondarily infected traumatic skin lesions

mupirocin 2% cream, 15 g

4348W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	26.48	7.70	[a] Bactroban [GK]	[a] SUPIROCIN [JM]

▪ CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

CORTICOSTEROIDS, PLAIN

Corticosteroids, weak (group I)

▪ HYDROCORTISONE ACETATE

hydrocortisone acetate 1% cream, 30 g

11710H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	19.41	7.70	[a] Pharmacy Action Hydrocortisone Cream 1% [GQ]	[a] Trust HydroCortic Cream [CR]

▪ HYDROCORTISONE ACETATE

Restricted benefit
Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% ointment, 30 g

10831C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	19.41	7.70	Cortic-DS 1% [AS]

Corticosteroids, potent (group III)

▪ BETAMETHASONE VALERATE

betamethasone (as valerate) 0.1% cream, 30 g

4131K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	27.87	7.70	Betnovate [AS]

betamethasone (as valerate) 0.1% ointment, 30 g

4132L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	27.87	7.70	Betnovate [AS]

▪ MOMETASONE

Note Application to large areas of skin for longer than four weeks is not recommended.

mometasone furoate 0.1% cream, 50 g

4342M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	37.18	7.70	Elocon Alcohol Free [AL]

mometasone furoate 0.1% ointment, 50 g

4343N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	37.18	7.70	Elocon [AL]

▪ ANTISEPTICS AND DISINFECTANTS

ANTISEPTICS AND DISINFECTANTS

Iodine products

▪ POVIDONE-IODINE

povidone-iodine 10% solution, 100 mL

4411E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	27.60	7.70	Betadine Antiseptic Liquid [IL]

▪ OTHER DERMATOLOGICAL PREPARATIONS

OTHER DERMATOLOGICAL PREPARATIONS

Medicated shampoos

▪ COAL TAR SOLUTION + SALICYLIC ACID

coal tar solution 4.25% + salicylic acid 2% shampoo, 200 mL

4560B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	26.14	7.70	Ionil-T [GA]

▪ SELENIUM SULFIDE

selenium sulfide 2.5% shampoo, 125 mL

4452H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.87	7.70	Selsun [VZ]

▪ TAR + COAL TAR SOLUTION + SALICYLIC ACID

tar 1% + coal tar solution 1% + salicylic acid 2% solution, 250 mL

4447C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	24.83	7.70	Sebitar [EO]

Wart and anti-corn preparations

▪ SALICYLIC ACID + LACTIC ACID

salicylic acid 16.7% + lactic acid 15% solution, 15 mL

11959K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	24.26	7.70	Duofilm Solution [GK]

Other dermatologicals

▪ DICLOFENAC

Note Maximum quantity of four tubes (original + 3 repeats) in 12 months.

Authority required

Solar (actinic) keratosis

Treatment Phase: Management

Clinical criteria:

- Patient must require topical drug therapy as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.

diclofenac sodium 3% gel, 25 g

4046Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	3	..	62.43	7.70	[a] Dofidaz [JM]	[a] Solaraze 3% Gel [YN]

▪ GLYCEROL

glycerol 15% solution, 1 kg

11708F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	32.51	7.70	QV Gentle Wash [EO]

▪ ICHTHAMMOL

Note For patients who have failed to respond to simple moisturising agents.

ichthammol 1% cream, 50 g

4281H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	24.22	7.70	Egoderm Cream [EO]

▪ ICHTHAMMOL + ZINC OXIDE

Note For patients who have failed to respond to simple moisturising agents.

ichthammol 1% + zinc oxide 15% ointment, 50 g

4280G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	24.22	7.70	Egoderm Ointment [EO]

▪ IMIQUIMOD

Authority required

Superficial basal cell carcinoma

Treatment Phase: Primary treatment

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The condition must be one where other standard treatments are inappropriate, **AND**
- The condition must require topical drug therapy.

imiquimod 5% cream, 12 x 250 mg sachets

4559Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	87.63	7.70	[a] APO-Imiquimod [TX]
			..	90.83	7.70	[a] Aldara [IL]

▪ IMIQUIMOD

Note Pharmaceutical benefits that have the form imiquimod single use sachets and pharmaceutical benefits that have the form imiquimod multi-use pump are equivalent for the purposes of substitution.

Authority required

Solar keratosis

Clinical criteria:

- Patient must require topical drug therapy on the face and scalp as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.

imiquimod 5% cream, 12 x 250 mg sachets

4134N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	87.63	7.70	[a] APO-Imiquimod [TX]
			..	90.83	7.70	[a] Aldara [IL]

imiquimod 5% cream, 2 x 2 g

10106X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	95.72	7.70	[a] Aldara Pump [IL]

▪ LIGHT LIQUID PARAFFIN + COCOAMPHODIACETATE DISODIUM

light liquid paraffin 3.5% + cocoamphodiacetate disodium 3% lotion, 500 mL

4549K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	26.44	7.70	Hamilton Skin Therapy Wash [KY]

▪ PANTHENOL

Note To be used in conjunction with the scalp cleanser salicylic acid with coal tar solution and pine tar (code 4447C).

panthenol conditioner, 200 g

4510J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	23.52	7.70	SebiRinse [EO]

panthenol conditioner, 250 g

15408Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	23.52	7.70	SebiRinse [EO]

▪ ZINC OXIDE + MAIZE STARCH + PURIFIED TALC + CHLORPHENESIN

zinc oxide 25% + maize starch 55.85% + purified talc 18.07% + chlorphenesin 1% powder, 100 g

4497Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	19.32	7.70	Z.S.C. [RW]

▪ GENITO URINARY SYSTEM AND SEX HORMONES

▪ GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS

ANTIINFECTIVES AND ANTISEPTICS, EXCL. COMBINATIONS WITH CORTICOSTEROIDS

Antibiotics

▪ NYSTATIN

nystatin 20 000 units/g vaginal cream, 75 g

4013F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	20.58	7.70	Nilstat [AS]

Imidazole derivatives

▪ CLOTRIMAZOLE

clotrimazole 2% vaginal cream, 20 g

4017K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡1	..	..	21.66	7.70	[a] APO-Clotrimazole 3 Day Cream [TX]	[a] Clonea 3 Day Cream [AF]
						[a] Pharmacy Action FemCream 3 Day Cream [GQ]	[a] Trust Fem V 3 Day Cream [CR]

RPBS

clotrimazole 1% vaginal cream, 35 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4016J	‡1	..	..	20.49	7.70	[a] Clonea 6 Day Cream [AF]	[a] Pharmacy Action FemCream [GQ]
						[a] Trust Fem V 6 Day Cream [CR]	
			..	21.66	7.70	[a] APO-Clotrimazole 6 Day Cream [TX]	

▪ OTHER GYNECOLOGICALS

OTHER GYNECOLOGICALS

▪ ACETIC ACID + OXYQUINOLINE + RICINOLEIC ACID

acetic acid 0.94% + oxyquinoline sulfate 0.025% + ricinoleic acid 0.75% vaginal gel, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4434J	‡1	..	..	36.70	7.70	Aci-Jel [CU]

▪ UROLOGICALS

UROLOGICALS

Drugs used in erectile dysfunction

▪ ALPROSTADIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

alprostadil 10 microgram injection [1 chamber] (&) inert substance diluent [0.5 mL chamber], 2 dual chamber syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4579B	3	3	..	*118.20	7.70	Caverject Impulse [PF]

alprostadil 20 microgram injection [1 chamber] (&) inert substance diluent [0.5 mL chamber], 2 dual chamber syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4580C	3	3	..	*149.55	7.70	Caverject Impulse [PF]

▪ AVANAFIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

avanafil 100 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11861G	1	5	..	53.99	7.70	Spedra [FK]

avanafil 200 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11860F	1	5	..	56.08	7.70	Spedra [FK]

avanafil 50 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11837B	1	5	..	51.91	7.70	Spedra [FK]

▪ SILDENAFIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

sildenafil 100 mg tablet, 4

4586J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.76	7.70	[a] Sildenafil Lupin [HQ]	
		..	73.07	7.70	[a] NOUMED Sildenafil [VO]	[a] Sildenafil APOTEX [GX]
					[a] Sildenafil Sandoz [SZ]	[a] Vasafil 100 [RW]
					[a] Vedafil [AF]	

sildenafil 25 mg tablet, 4

4584G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	57.00	7.70	[a] Sildenafil APOTEX [GX]	[a] Sildenafil Sandoz [SZ]
					[a] Vasafil 25 [RW]	[a] Vedafil [AF]

sildenafil 50 mg tablet, 4

4585H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	30.51	7.70	[a] Sildenafil Lupin [HQ]	
		..	68.64	7.70	[a] NOUMED Sildenafil [VO]	[a] Sildenafil APOTEX [GX]
					[a] Sildenafil Sandoz [SZ]	[a] Vasafil 50 [RW]
					[a] Vedafil [AF]	

▪ TADALAFIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

tadalafil 10 mg tablet, 4

4596X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	104.34	7.70	[a] Apo-Tadalafil [TX]	[a] Cialis [LY]
					[a] Cidala [RW]	[a] Cilatil [AF]
					[a] Cipla Tadalafil [LR]	[a] Tadalafil GH [GQ]
					[a] Tadalafil Sandoz [SZ]	[a] Tadalafil Sandoz Pharma [HX]
					[a] TADALAFIL-WGR [WG]	

tadalafil 20 mg tablet, 4

4597Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	104.34	7.70	[a] Apo-Tadalafil [TX]	[a] Cialis [LY]
					[a] Cidala [RW]	[a] Cilatil [AF]
					[a] Cipla Tadalafil [LR]	[a] Tadalaccord [CR]
					[a] Tadalafil GH [GQ]	[a] Tadalafil Sandoz [SZ]
					[a] Tadalafil Sandoz Pharma [HX]	[a] TADALAFIL-WGR [WG]

RPBS

Other urologicals

▪ BICARBONATE + CITRIC ACID + TARTARIC ACID

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:
sodium bicarbonate 1.76 g + sodium citrate 630 mg + citric acid 720 mg + tartaric acid 890 mg powder for oral liquid; and
sodium bicarbonate 1.76 g + citric acid 720 mg + sodium citrate 630 mg + tartaric acid 890 mg effervescent granules.

Restricted benefit

Urinary symptoms

Clinical criteria:

- The treatment must be for when antibiotic or other therapy alone is inappropriate.

sodium bicarbonate 1.76 g + citric acid 720 mg + sodium citrate 630 mg + tartaric acid 890 mg effervescent granules, 28 x 4 g sachets

12179B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	4	..	20.38	7.70	[a] Trust Cystitis Relief [CR]

sodium bicarbonate 1.76 g + sodium citrate 630 mg + citric acid 720 mg + tartaric acid 890 mg powder for oral liquid, 28 x 4 g sachets

4049D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	4	..	20.38	7.70	[a] Pharmacy Action Cystitis Relief [GQ]	[a] Ural Sachets [AS]

DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY

Alpha-adrenoreceptor antagonists

▪ ALFUZOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

alfuzosin hydrochloride 10 mg modified release tablet, 30

4277D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	82.68	7.70	Xatral SR [SW]

▪ ALFUZOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

alfuzosin hydrochloride 10 mg modified release tablet, 30

14183L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*152.84	7.70	Xatral SR [SW]

▪ DUTASTERIDE + TAMSULOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

10102Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	31.73	7.70	[a] Dutasteride/Tamsulosin Lupin 500/400 [GQ]	[a] Dutasteride/Tamsulosin Sandoz 500/400 [SZ]
		..	35.12	7.70	[a] Duodart 500ug/400ug [GK]	

▪ DUTASTERIDE + TAMSULOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

14184M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*49.10	7.70	[a] Dutasteride/Tamsulosin Lupin 500/400 [GQ]	[a] Dutasteride/Tamsulosin Sandoz 500/400 [SZ]
		..	*55.88	7.70	[a] Duodart 500ug/400ug [GK]	

▪ SILODOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

silodosin 4 mg capsule, 30

12079R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	40.35	7.70	Urorec [YN]

silodosin 8 mg capsule, 30

12077P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	44.95	7.70	Urorec [YN]

▪ SILODOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

silodosin 4 mg capsule, 30

14185N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*66.34	7.70	Urorec [YN]

silodosin 8 mg capsule, 30

14192Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*75.54	7.70	Urorec [YN]

▪ TAMSULOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

tamsulosin hydrochloride 400 microgram modified release tablet, 30

4070F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	64.57	7.70	[a] Apo-Tamsulosin SR [TX]	[a] BTC Tamsulosin SR [BG]
					[a] Flomaxtra [LS]	[a] Flosix [AF]
					[a] Tamsulosin Lupin SR [GQ]	[a] Tamsulosin Sandoz SR [SZ]
					[a] TAMSULOSIN-WGR SR [WG]	

▪ TAMSULOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

tamsulosin hydrochloride 400 microgram modified release tablet, 30

14200J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*114.80	7.70	[a] Apo-Tamsulosin SR [TX]	[a] BTC Tamsulosin SR [BG]
					[a] Flomaxtra [LS]	[a] Flosix [AF]
					[a] Tamsulosin Lupin SR [GQ]	[a] Tamsulosin Sandoz SR [SZ]
					[a] TAMSULOSIN-WGR SR [WG]	

Testosterone-5-alpha reductase inhibitors

▪ DUTASTERIDE

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

dutasteride 500 microgram capsule, 30

10095H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	30.23	7.70	[a] APO-Dutasteride [TX]
		..	37.02	7.70	[a] Avodart [GK]

▪ DUTASTERIDE

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

dutasteride 500 microgram capsule, 30

14210X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*46.10	7.70	[a] APO-Dutasteride [TX]
		..	*59.68	7.70	[a] Avodart [GK]

▪ FINASTERIDE

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

finasteride 5 mg tablet, 28

4303L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	89.18	7.70	Finpro [RZ]

finasteride 5 mg tablet, 30

4233T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	77.21	7.70	[a] Finasteride GH 5 [GQ]	[a] Finasteride Mylan 5 [AF]
					[a] Finide [AL]	
		..	94.52	7.70	[a] Finnacar [RW]	
		..	98.75	7.70	[a] APO-Finasteride [TX]	[a] Finasta [SZ]
					[a] Finasteride-GA 5 [GN]	[a] Pharmacor Finasteride 5 [CR]
					[a] Proscar [OQ]	

▪ FINASTERIDE

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

finasteride 5 mg tablet, 28

14191X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*166.48	7.70	Finpro [RZ]

finasteride 5 mg tablet, 30

14199H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*141.34	7.70	[a] Finasteride GH 5 [GQ]	[a] Finasteride Mylan 5 [AF]
					[a] Finide [AL]	
		..	*177.70	7.70	[a] Finnacar [RW]	
		..	*186.58	7.70	[a] APO-Finasteride [TX]	[a] Finasta [SZ]
					[a] Finasteride-GA 5 [GN]	[a] Pharmacor Finasteride 5 [CR]
					[a] Proscar [OQ]	

▪ ANTIINFECTIVES FOR SYSTEMIC USE

▪ ANTIBACTERIALS FOR SYSTEMIC USE

MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS

Macrolides

▪ AZITHROMYCIN

Restricted benefit

Upper and lower respiratory tract infections

azithromycin 500 mg tablet, 3

4115N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	35.52	7.70	Zedd 500 [RW]	
					[a] APO-Azithromycin [TX]	[a] Azithromycin Mylan [AF]
					[a] Azithromycin Sandoz [SZ]	[a] Azithromycin Viatris [AL]
					[a] Azithromycin-WGR [WG]	[a] ZITHRO [RF]
					[a] Zithromax [PF]	

RPBS

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ANTINEOPLASTIC AGENTS

ANTIMETABOLITES

Pyrimidine analogues

FLUOROURACIL

fluorouracil 5% cream, 20 g

4222F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	66.93	7.70	[a] APOC-5FU [TX] [a] MAYNE PHARMA 5FU [SZ]	[a] Fluorouracil Viatris [AF]
		..	75.69	7.70	[a] Efudix [IL]	

fluorouracil 4% cream, 20 g

13758D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	67.55	7.70	TOLAK 4% ONCE DAILY [AS]

IMMUNOSUPPRESSANTS

IMMUNOSUPPRESSANTS

Tumor necrosis factor alpha (TNF-alpha) inhibitors

INFLIXIMAB

Note Any queries concerning the arrangements to prescribe infliximab, or requests for forms, may be directed to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580.
Written applications for authority to prescribe infliximab should be forwarded to:
Reply Paid 9998
Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC)
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001

Authority required

Rheumatoid arthritis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a consultant physician.

Population criteria:

- Patient must be an adult.

Clinical criteria:

- Patient must have active rheumatoid arthritis, **AND**
- Patient must have a specific accepted war-caused or service-related disability of refractory rheumatoid arthritis, **AND**
- Patient must have a proven raised erythrocyte sedimentation rate (ESR) and/or C-reactive protein (CRP) level, **AND**
- Patient must have proven erosive rheumatoid arthritis without end-stage disease, **AND**
- Patient must have failed an adequate trial of methotrexate and 2 other disease modifying anti-rheumatic drugs (such as sulfasalazine, hydroxychloroquine, leflunomide or ciclosporin), unless these drugs were contraindicated or intolerance developed, **AND**
- Patient must have no history of active tuberculosis requiring treatment in the last 3 years, **AND**
- Patient must have no history of opportunistic infection in the last 2 months, **AND**
- The treatment must be in combination with methotrexate, **AND**
- The treatment must be for the reduction of signs and symptoms and prevention of structural joint damage, **AND**
- Patient must not be pregnant or breastfeeding, **AND**
- Patient must be using an effective form of contraception if female and of child-bearing age.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form).

Authority required

Rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a consultant physician.

Clinical criteria:

- Patient must have a specific accepted war-caused or service-related disability of refractory rheumatoid arthritis, **AND**
- Patient must have previously been issued with an authority prescription for this drug for the treatment of this condition, **AND**

- Patient must have demonstrated an improvement in ESR and/or CRP level following the initial 3 dose course of therapy, **AND**
- Patient must have achieved an ACR20 (American College of Rheumatology) response by 14 weeks after the commencement of the initial course of therapy, **AND**
- The treatment must be in combination with methotrexate.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form).

infliximab 100 mg injection, 1 vial

4284L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	213.23	7.70	Remicade [JC]

MUSCULO-SKELETAL SYSTEM

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN

Preparations with salicylic acid derivatives

METHYL SALICYLATE + MENTHOL + CAMPHOR + EUCALYPTUS OIL + PINE OIL PUMILIO + TURPENTINE OIL + PEPPERMINT OIL + CAJUPUT OIL + CAPSICUM EXTRACT

methyl salicylate 20% + menthol 5% + camphor 3.5% + eucalyptus oil 3% + pine oil pumilio 1% + turpentine oil 1% + peppermint oil 0.5% + cajuput oil 0.5% + capsicum extract 0.15% cream, 100 g

11707E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	20.77	7.70	Goanna Heat Cream [GQ]

DRUGS FOR TREATMENT OF BONE DISEASES

DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

Bisphosphonates

RISEDRONATE

Authority required

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

risedronate sodium 35 mg tablet, 4

4444X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	34.17	7.70	[a] APO-Risedronate [TX] [a] RISEDRONATE-WGR [WG]	[a] Risedronate Sandoz [SZ]

risedronate sodium 35 mg enteric tablet, 4

2191H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	34.17	7.70	Actonel EC [TT]

risedronate sodium 5 mg tablet, 28

4443W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	37.65	7.70	Actonel [TT]

RISEDRONATE

Authority required

Preservation of bone mineral density

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

risedronate sodium 35 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14197F	2	5	..	*53.98	7.70	[a] APO-Risedronate [TX] [a] RISEDRONATE-WGR [WG]	[a] Risedronate Sandoz [SZ]

risedronate sodium 35 mg enteric tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14198G	2	5	..	*53.98	7.70	Actonel EC [TT]

risedronate sodium 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14209W	2	5	..	*60.94	7.70	Actonel [TT]

Bisphosphonates, combinations

▪ ALENDRONATE + COLECALCIFEROL

Authority required

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2224C	1	5	..	21.32	7.70	Fosamax Plus 70 mg/140 mcg [MQ]

alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2194L	1	5	..	21.32	7.70	Fosamax Plus [MQ]

▪ NERVOUS SYSTEM

▪ ANALGESICS

OPIOIDS

Natural opium alkaloids

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4349X	1	..	..	119.50	7.70	MS Contin [MF]

Opioids in combination with non-opioid analgesics

▪ ASPIRIN + CODEINE

aspirin 300 mg + codeine phosphate hemihydrate 8 mg dispersible tablet, 40

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4286N	1	2	..	20.91	7.70	Aspalgin 40 [GO]

▪ PARACETAMOL + CODEINE

paracetamol 500 mg + codeine phosphate hemihydrate 8 mg tablet, 40

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4275B	1	2	..	19.71	7.70	Panamax Co. 40 [SW]

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

▪ PARACETAMOL

paracetamol 48 mg/mL oral liquid, 200 mL

10599W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	2	..	18.04	7.70	[a] Panamax 240 Elixir [SW]	[a] Trust for Kids Paracetamol 6 to 12 years [CR]

paracetamol 500 mg tablet, 100

10582Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	16.13	7.70	[a] APO-Paracetamol [TX] [a] Panamax [SW] [a] Paracetamol Sandoz Pharma [QS] [a] PHARMACY CARE PARACETAMOL [SI]	[a] Febridol [XT] [a] Paracetamol (Sandoz) [SZ] [a] Paralgin [OW] [a] Wagner Health Paracetamol [BG]

▪ PARACETAMOL

Restricted benefit

Persistent pain

Clinical criteria:

- The condition must be associated with osteoarthritis.

paracetamol 665 mg modified release tablet, 96

10598T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*21.84	7.70	[a] APOHEALTH Osteo Relief Paracetamol 665 mg [TX] [a] Osteomol 665 Paracetamol [CR] [a] Pharmacy Action Paracetamol Osteo 665 [GQ]	[a] Chemists' Own Osteo Relief Paracetamol [RF] [a] Parapane OSTEO [XT]

▪ PARACETAMOL

Restricted benefit

Chronic arthropathies

paracetamol 500 mg tablet, 100

10585D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	4	..	*19.68	7.70	[a] APO-Paracetamol [TX] [a] Panamax [SW] [a] Paracetamol Sandoz Pharma [QS] [a] PHARMACY CARE PARACETAMOL [SI]	[a] Febridol [XT] [a] Paracetamol (Sandoz) [SZ] [a] Paralgin [OW] [a] Wagner Health Paracetamol [BG]

Gabapentinoids

▪ GABAPENTIN

Authority required

Refractory neuropathic pain

Clinical criteria:

- The condition must be unable to be controlled by other drugs.

gabapentin 800 mg tablet, 100

4595W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	41.35	7.70	[a] Gabapentin APOTEX [TY] [a] Pharmacor Gabapentin 800 [CR]	[a] Neurontin [GO]

gabapentin 100 mg capsule, 100

4591P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.36	7.70	[a] APX-Gabapentin [GX] [a] GAPENTIN [RF]	[a] Gabacor [CR] [a] Nupentin 100 [AF]
		..	20.53	7.70	[a] Neurontin [GO]	

gabapentin 300 mg capsule, 100

4592Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.72	7.70	[a] APX-Gabapentin [GX] [a] Gabapentin Sandoz [SZ] [a] GAPENTIN [RF]	[a] Gabacor [CR] [a] GABAPENTIN-WGR [WG] [a] Nupentin 300 [AF]
		..	25.84	7.70	[a] Neurontin [GO]	

RPBS

gabapentin 400 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4593R	1	5	..	27.12	7.70	[a] APX-Gabapentin [GX]	[a] Gabacor [CR]
						[a] Gabapentin Sandoz [SZ]	[a] GABAPENTIN-WGR [WG]
						[a] GAPENTIN [RF]	[a] Nupentin 400 [AF]
			..	29.25	7.70	[a] Neurontin [GO]	

gabapentin 600 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4594T	1	5	..	34.34	7.70	[a] APX-GABAPENTIN [TX]	[a] Gabapentin APOTEX [TY]
						[a] GAPENTIN [RF]	[a] Pharmacor Gabapentin 600 [CR]
			..	36.48	7.70	[a] Neurontin [GO]	

▪ PSYCHOLEPTICS

ANXIOLYTICS

Benzodiazepine derivatives

▪ BROMAZEPAM

Note This drug should not be used as the first line of treatment.

Note Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate.

Note Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

Authority required

Terminal disease

Clinical criteria:

- The treatment must be for the short-term, **AND**
- Patient must be receiving palliative care.

Authority required

Refractory phobic or anxiety states

Clinical criteria:

- The treatment must be for the short-term.

bromazepam 3 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4150K	2	..	..	*33.82	7.70	Lexotan [PB]

bromazepam 6 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4151L	2	..	..	*39.40	7.70	Lexotan [PB]

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

▪ FLUNITRAZEPAM

Note This drug should not be used as the first line of treatment.

Note Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate.

Note Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

Authority required

Terminal disease

Clinical criteria:

- The treatment must be for the short-term, **AND**
- Patient must be receiving palliative care.

Authority required

Refractory phobic or anxiety states

Clinical criteria:

- The treatment must be for the short-term.

flunitrazepam 1 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4216X	1	..	..	24.98	7.70	Hypnodorm [AF]

Benzodiazepine related drugs

▪ ZOPICLONE

Restricted benefit

Insomnia

Clinical criteria:

- The treatment must be for the short-term.

zopiclone 7.5 mg tablet, 14

13307J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	21.51	7.70	[a] APO-Zopiclone [TX] [a] Zopiclone GH [GQ]	[a] Imoclone [RW]
		..	22.99	7.70	[a] Imovane [SW]	

zopiclone 7.5 mg tablet, 30

4522B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	27.30	7.70	[a] APO-Zopiclone [TX] [a] Imrest [AF]	[a] Imoclone [RW] [a] Pharmacor Zopiclone [CR]

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

ANTHELMINTICS

ANTINEMATODAL AGENTS

Benzimidazole derivatives

MEBENDAZOLE

Note Pharmaceutical benefits that have the forms mebendazole 100 mg tablet and mebendazole 100 mg chewable tablet are equivalent for the purposes of substitution.

mebendazole 100 mg chewable tablet, 6

12194T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	20.38	7.70	[a] Trust Deworm [CR]

mebendazole 100 mg tablet, 6

4325P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	20.38	7.70	[a] Pharmacy Action Worm Treatment [GQ]

RESPIRATORY SYSTEM

NASAL PREPARATIONS

DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE

Sympathomimetics, plain

OXYMETAZOLINE

oxymetazoline hydrochloride 0.05% nasal spray, 15 mL

4378K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	23.41	7.70	Drixine [BN]

oxymetazoline hydrochloride 0.05% nasal spray, 18 mL

4379L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	23.08	7.70	Logicin Rapid Relief [AS]

oxymetazoline hydrochloride 0.05% nasal spray, 20 mL

11711J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	23.08	7.70	[a] Pharmacy Action Nasal Decongestant [GQ]	[a] Trust Decongestant Nasal Spray [CR]

NASAL DECONGESTANTS FOR SYSTEMIC USE

Sympathomimetics

PSEUDOEPHEDRINE

pseudoephedrine hydrochloride 60 mg tablet, 12

4029C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.72	7.70	[a] Pharmacy Action Sinus & Nasal Decongestant Relief [GQ]	[a] Trust Sinus & Nasal Decongestant [CR]

ANTIHISTAMINES FOR SYSTEMIC USE

ANTIHISTAMINES FOR SYSTEMIC USE

Piperazine derivatives

▪ CETIRIZINE

cetirizine hydrochloride 10 mg tablet, 30

4175R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	30.82	7.70	[a] Pharmacy Action Cetrelief [GQ]	[a] Trust Cetirizine [CR]
		..	33.96	7.70	[a] Alzene [AF]	

Other antihistamines for systemic use

▪ FEXOFENADINE

fexofenadine hydrochloride 120 mg tablet, 30

4238C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	30.65	7.70	[a] Pharmacy Action Fexorelief 120 [GQ]	[a] Trust Fexit 120 [CR]
		..	33.76	7.70	[a] Xergic [AF]	
		..	49.49	7.70	[a] Telfast 120 [VZ]	

fexofenadine hydrochloride 60 mg tablet, 20

4237B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*57.12	7.70	Telfast [VZ]

▪ LORATADINE

loratadine 10 mg tablet, 30

4313B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	33.18	7.70	[a] Pharmacy Action Lorastyne [GQ]	[a] Trust Loratadine [CR]
					[a] Trust Loratadine Antihistamine [RM]	
		..	36.76	7.70	[a] Allereze [AF]	
		..	48.31	7.70	[a] Claratyne [BN]	

▪ SENSORY ORGANS

▪ OPHTHALMOLOGICALS

ANTIINFECTIVES

Antibiotics

▪ CHLORAMPHENICOL

chloramphenicol 0.5% eye drops, 10 mL

14180H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	18.30	7.70	Chlorsig [AS]

▪ OTOLOGICALS

OTHER OTOLOGICALS

Indifferent preparations

▪ CARBAMIDE PEROXIDE

carbamide peroxide 6.5% ear drops, 12 mL

4176T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	23.56	7.70	Ear Clear for Ear Wax Removal [KY]

▪ DOCUSATE

docusate sodium 0.5% ear drops, 10 mL

4199B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.15	7.70	Waxsol [GO]

▪ ORTHO-DICHLOROBENZENE + PARA-DICHLOROBENZENE + CHLOROBUTANOL + ARACHIS OIL

ortho-dichlorobenzene 14% + para-dichlorobenzene 2% + chlorobutanol hemihydrate 5% + arachis oil 57% ear drops, 10 mL

4180B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.82	7.70	Cerumol [UN]

VARIOUS

ALL OTHER THERAPEUTIC PRODUCTS

ALL OTHER THERAPEUTIC PRODUCTS

Drugs for treatment of hyperkalemia and hyperphosphatemia

SODIUM POLYSTYRENE SULFONATE

sodium polystyrene sulfonate 999.3 mg/g powder, 454 g

4470G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	89.27	7.70	Resonium-A [SW]

GENERAL NUTRIENTS

OTHER NUTRIENTS

Other combinations of nutrients

PROTEIN FORMULA WITH ARGININE, VITAMIN C, E AND ZINC

Restricted benefit

Stage 2 and above pressure injury

Clinical criteria:

- The treatment must be for special medical purposes to support healing of pressure injuries.

protein formula with arginine, vitamin C, E and zinc oral liquid, 24 x 200 mL bottles

11401C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*202.28	7.70	Cubitan [SB]

ALL OTHER NON-THERAPEUTIC PRODUCTS

ALL OTHER NON-THERAPEUTIC PRODUCTS

LUBRICATING AGENT

lubricating agent gel, 100 g

4306P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	17.60	7.70	Lubri-Gel [PP]

Other non-therapeutic auxiliary products

BANDAGE ABSORBENT WOOL

bandage absorbent wool 10 cm x 3 m bandage, 1

4653X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	26.08	7.70	Surepress 650948 [CC]

BANDAGE CALICO

bandage calico large triangular bandage, 1

4717G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.19	7.70	Handy 36361414 [BV]

BANDAGE COMPRESSION

bandage compression 10 cm x 3.5 m soft bandage [1] (&) bandage compression 10 cm x 6 m short stretch bandage [1], 1 pack

11714M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	40.15	7.70	Rosidal TCS 26484 [LC]

BANDAGE COMPRESSION

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

bandage compression two layer bandage, 1

12592R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	52.86	7.70	Putter Pro 2 931685 [HR]

BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

bandage compression 10 cm x 3 m high stretch bandage, 1

4748X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*72.94	7.70	Surepress 650947 [CC]
		..	*150.69	7.70	Tensopress 71723-00 [BV]

bandage compression 8 cm x 2.6 m short stretch bandage, 1

4654Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*78.19	7.70	Comprilan 01027-00 [BV]

▪ BANDAGE COMPRESSION

Note Use with caution if arterial disease present and avoid if severe arterial disease.
Note Bandage can be left in situ for up to 7 days as per manufacturer's instructions.

bandage compression 25 cm to 32 cm two layer bandage, 1

13010R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	48.31	7.70	UrgoK2 100397 [UG]

bandage compression 25 cm to 32 cm two layer bandage, 1

13016C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	48.31	7.70	UrgoK2 Lite 100401 [UG]

bandage compression 18 cm to 25 cm two layer bandage, 1

13005L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	42.67	7.70	UrgoK2 100396 [UG]

bandage compression 18 cm to 25 cm two layer bandage, 1

13006M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	42.67	7.70	UrgoK2 Lite 100400 [UG]

▪ BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.
Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

bandage compression four layer bandage, 1

4598B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*218.29	7.70	Profore Lite 66050415 [SN]

bandage compression four layer bandage, 1

4658E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*325.74	7.70	Profore 66050016 [SN]

▪ BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.
Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage compression 10 cm x 3.5 m high stretch bandage, 1

4657D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*77.94	7.70	Setopress 3505 [MH]

▪ BANDAGE COMPRESSION

Note Use with caution if arterial disease present and avoid if severe arterial disease.
Note Bandage can be left in situ for up to 7 days as per manufacturer's instructions.

Restricted benefit
Venous ulcer
Treatment Phase: Initial treatment
Restricted benefit
Venous ulcer
Treatment Phase: Continuing treatment

bandage compression two layer bandage, 1

4050E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	45.17	7.70	Coban 2 [MM]

▪ BANDAGE RETENTION COHESIVE HEAVY

bandage retention cohesive heavy 10 cm x 1.3 m bandage, 1

4813H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*26.70	7.70	Peg 7423 [MM]

bandage retention cohesive heavy 10 cm x 2 m bandage, 1

4660G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*25.32	7.70	Coban 1584 [MM]

bandage retention cohesive heavy 15 cm x 1.3 m bandage, 1

4814J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*32.72	7.70	Peg 7425 [MM]

bandage retention cohesive heavy 5 cm x 1.3 m bandage, 1

4811F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*20.98	7.70	Peg 7420 [MM]

bandage retention cohesive heavy 7.5 cm x 1.3 m bandage, 1

4812G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*23.64	7.70	Peg 7422 [MM]

▪ BANDAGE RETENTION COHESIVE LIGHT

bandage retention cohesive light 10 cm x 2 m bandage, 1

4662J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*36.08	7.70	Handygauze Cohesive 8635 [BV]

bandage retention cohesive light 6 cm x 2 m bandage, 1

4719J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*22.76	7.70	Handygauze Cohesive 8633 [BV]

bandage retention cohesive light 2.5 cm x 2 m bandage, 2

4718H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.32	7.70	Handygauze Cohesive 8631 [BV]

▪ BANDAGE RETENTION COTTON CREPE

bandage retention cotton crepe 10 cm x 2.3 m bandage, 1

4729X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*30.34	7.70	Telfa 8254F [KE]
		..	*35.62	7.70	Tensocrepe 36301001 [BV]

bandage retention cotton crepe 5 cm x 2.3 m bandage, 1

4727T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*23.74	7.70	Telfa 8252F [KE]
		..	*26.20	7.70	Tensocrepe 36300501 [BV]

bandage retention cotton crepe 7.5 cm x 2.3 m bandage, 1

4728W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*27.68	7.70	Telfa 8253F [KE]
		..	*30.64	7.70	Tensocrepe 36307501 [BV]

▪ BANDAGE TUBULAR

bandage tubular size C (15 cm to 25 cm) straight bandage, 1

4663K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.92	7.70	Elastoplast 2225 [BE]

bandage tubular size D (25 cm to 43 cm) straight bandage, 1

4664L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.92	7.70	Elastoplast 2226 [BE]

bandage tubular size E (35 cm to 45 cm) straight bandage, 1

4665M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.92	7.70	Elastoplast 2227 [BE]

▪ BANDAGE TUBULAR

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage tubular 10 cm x 1 m bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4859R	‡1	..	..	21.58	7.70	Tubigrip F 1548 [MH]

bandage tubular 6.25 cm x 1 m bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4855M	‡1	..	..	21.58	7.70	Tubigrip B 1520 [MH]

bandage tubular 6.75 cm x 1 m bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4856N	‡1	..	..	21.58	7.70	Tubigrip C 1545 [MH]

bandage tubular 7.5 cm x 1 m bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4857P	‡1	..	..	21.58	7.70	Tubigrip D 1546 [MH]

bandage tubular 8.75 cm x 1 m bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4858Q	‡1	..	..	21.58	7.70	Tubigrip E 1547 [MH]

▪ BANDAGE TUBULAR FINGER

BANDAGE-TUBULAR (FINGER) Complete pack including applicator, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4798M	‡1	..	..	23.93	7.70	Tubegauz 0501633 [SS]

▪ BANDAGE TUBULAR LIGHT WEIGHT

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage tubular light weight 10 m large limb size bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4673Y	‡1	..	..	32.68	7.70	Tubifast 2438 [MH]

bandage tubular light weight 10 m medium limb size bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4672X	‡1	..	..	31.49	7.70	Tubifast 2436 [MH]

bandage tubular light weight 10 m small limb size bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4671W	‡1	..	..	28.15	7.70	Tubifast 2434 [MH]

▪ BANDAGE TUBULAR LONG STOCKING

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage tubular long stocking large size bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4799N	2	..	..	*40.26	7.70	Tubigrip 1484 [MH]

bandage tubular long stocking medium size bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4797L	2	..	..	*40.26	7.70	Tubigrip 1483 [MH]

bandage tubular long stocking small size bandage, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4674B	2	..	..	*40.26	7.70	Tubigrip 1482 [MH]

bandage tubular long stocking XX/large size bandage, 1

4675C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*40.28	7.70	Tubigrip 1486 [MH]

▪ BANDAGE TUBULAR SHORT STOCKING

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage tubular short stocking large D/E size bandage, 1

4816L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*30.34	7.70	Tubigrip 1481 [MH]

bandage tubular short stocking medium C/D size bandage, 1

4815K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*30.34	7.70	Tubigrip 1480 [MH]

bandage tubular short stocking small B/C size bandage, 1

4661H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*30.34	7.70	Tubigrip 1479 [MH]

▪ BANDAGE ZINC PASTE

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage zinc paste 7.5 cm x 6 m bandage, 1

4669R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	..	*33.94	7.70	Steripaste 3610 [MH]

▪ BANDAGE ZINC PASTE

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

bandage zinc paste 80 cm (stockings) bandage, 4

4760M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	..	114.55	7.70	ZipZoc 66000747 [SN]

bandage zinc paste 7.5 cm x 6 m bandage, 1

4750B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	..	*100.14	7.70	Viscopaste 4948 [SN]

▪ BETAINE + POLYAMINOPROPYL BIGUANIDE

betaine 0.1% + polyaminopropyl biguanide 0.1% solution, 6 x 40 mL ampoules

2525X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	..	..	31.44	7.70	Prontosan Wound Irrigation Solution [BR]

▪ CADEXOMER-IODINE

Note Suitable for yellow sloughy infected and malodorous wounds.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

cadexomer-iodine 8 cm x 6 cm dressing, 3 x 10 g sheet

4936T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	208.35	7.70	Iodosorb 66051340 [SN]

cadexomer-iodine 3 g powder, 7 sachets

4931M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	95.71	7.70	Iodosorb Powder 66051070 [SN]

cadexomer-iodine 10 cm x 8 cm dressing, 2 x 17 g sheet

4937W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	219.52	7.70	Iodosorb 66051360 [SN]

cadexomer-iodine 6 cm x 4 cm dressing, 5 x 5 g sheet

4935R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	144.19	7.70	Iodosorb 66051330 [SN]

cadexomer-iodine 50% ointment, 4 x 10 g

4932N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	152.58	7.70	Iodosorb Ointment 66051240 [SN]

cadexomer-iodine 50% ointment, 2 x 20 g

4933P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	151.13	7.70	Iodosorb Ointment 66051230 [SN]

▪ DRESSING ACTIVATED CHARCOAL MALODOROUS WOUND

dressing activated charcoal malodorous wound 10.5 cm x 10.5 cm dressing, 1

4681J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*97.64	7.70	Actisorb Plus MAP105 [KI]

dressing activated charcoal malodorous wound 10 cm x 10 cm dressing, 10

4742N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	78.35	7.70	CarboFLEX 403202 [CC]

dressing activated charcoal malodorous wound 15 cm x 20 cm dressing, 5

4743P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	87.94	7.70	CarboFLEX 403204 [CC]

▪ DRESSING ALGINATE CAVITY WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

dressing alginate cavity wound 2 g rope, 1

4832H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*104.94	7.70	Sorbsan 1411 [UM]

dressing alginate cavity wound 2 g rope, 5 x 2 g

1905G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*110.34	7.70	Kaltostat 168117 [CC]

▪ DRESSING ALGINATE CAVITY WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing alginate cavity wound 2 g (40 cm) rope, 6 x 2 g

4682K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*130.96	7.70	Comfeel SeaSorb Filler 3740 [CT]

▪ DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

dressing alginate superficial wound 7.5 cm x 12 cm dressing, 10

4683L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	89.02	7.70	Kaltostat 168212 [CC]

▪ DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing alginate superficial wound 10 cm x 10 cm dressing, 10

4700J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	134.68	7.70	Algisite M 66000520 [SN]

dressing alginate superficial wound 15 cm x 20 cm dressing, 10

4691X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	329.67	7.70	Algisite M 66000521 [SN]

dressing alginate superficial wound 5 cm x 5 cm dressing, 10

4699H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	51.69	7.70	Kaltostat 168210 [CC]
		..	69.08	7.70	Algisite M 66000519 [SN]

▪ DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing alginate superficial wound 10 cm x 10 cm dressing, 1

4831G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	1	..	*83.04	7.70	Sorbsan 1410 [UM]
		..	*88.14	7.70	Comfeel SeaSorb Dressing 3710 [CT]

dressing alginate superficial wound 5 cm x 5 cm dressing, 1

4684M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	1	..	*50.24	7.70	Comfeel SeaSorb Dressing 3705 [CT]

▪ DRESSING ALGINATE WITH MANUKA HONEY

Note Suitable for yellow sloughy infected and malodorous wounds.

dressing alginate with manuka honey 10 cm x 10 cm dressing, 5

10849B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	4	..	70.68	7.70	Algivon Plus CR4225 [DJ]

dressing alginate with manuka honey 2.5 cm x 20 cm ribbon, 5

10857K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	4	..	82.03	7.70	Algivon Plus Ribbon & Probe CR4231 [DJ]

▪ DRESSING ALGINATE WITH SILVER CAVITY WOUND

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing alginate with silver cavity wound 3 cm x 44 cm dressing, 10

12765W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	390.69	7.70	Melgisorb Ag 256605 [MH]

▪ DRESSING ALGINATE WITH SILVER DEEP WOUND

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing alginate with silver deep wound 5 cm x 5 cm dressing, 10

12772F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	133.88	7.70	Melgisorb Ag 256055 [MH]

dressing alginate with silver deep wound 10 cm x 10 cm dressing, 10

12801R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	231.46	7.70	Melgisorb Ag 256105 [MH]

▪ DRESSING CONTACT LAYER LIPIDOCOLLOID

dressing contact layer lipidocolloid 10 cm x 10 cm dressing, 10

13022J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	70.77	7.70	UrgoTul Contact 100351 [UG]

▪ DRESSING CONTACT LAYER LIPIDOCOLLOID WITH SUCROSE OCTASULFATE

dressing contact layer lipidocolloid with sucrose octasulfate 10 cm x 10 cm dressing, 10

13002H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	..	123.25	7.70	UrgoStart Contact-Interface-Tul 100380 [UG]

dressing contact layer lipidocolloid with sucrose octasulfate 15 cm x 20 cm dressing, 10

13011T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	..	223.82	7.70	UrgoStart Contact-Interface-Tul 100381 [UG]

▪ DRESSING FILM

dressing film 15 cm x 20 cm dressing, 1

4688R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	..	..	*35.34	7.70	Tegaderm Transparent 1628 [MM]

dressing film 10 cm x 12 cm dressing, 4

4687Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	25.52	7.70	Nexcare Tegaderm Transparent H1626 [MM]

dressing film 6 cm x 7 cm dressing, 8

4686P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	22.14	7.70	Nexcare Tegaderm Transparent H1624 [MM]

▪ DRESSING FILM

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing film 10 cm x 12 cm dressing, 10

4893M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	47.91	7.70	Op-Site Flexigrid 4629 [SN]

▪ DRESSING FILM ISLAND

dressing film island 5 cm x 7 cm dressing, 1

4689T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	..	..	*24.64	7.70	Tegaderm Transparent Island 3582 [MM]

dressing film island 9 cm x 10 cm dressing, 1

4690W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	..	..	*33.94	7.70	Tegaderm Transparent Island 3586 [MM]

▪ DRESSING FILM ISLAND

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing film island 5 cm x 7.2 cm dressing, 5

4898T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*38.06	7.70	Cutifilm Plus 36361370 [SN]

dressing film island 8 cm x 10 cm dressing, 5

4899W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*56.28	7.70	Cutifilm Plus 36361371 [SN]

▪ DRESSING FOAM HEAVY EXUDATE

Restricted benefit

Wounds

Clinical criteria:

- Patient must have a wound with highly viscous exudate.

dressing foam heavy exudate 5 cm x 5 cm dressing, 5

12797M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	38.40	7.70	Mepilex XT 211015 [MH]

dressing foam heavy exudate 10 cm x 10 cm dressing, 5

12760N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	44.24	7.70	Mepilex XT 211100 [MH]

dressing foam heavy exudate 20 cm x 20 cm dressing, 5

12776K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	129.06	7.70	Mepilex XT 211400 [MH]

▪ DRESSING FOAM HEAVY EXUDATE

Note This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing foam heavy exudate 10 cm x 10 cm dressing, 10

4795J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	176.61	7.70	Allevyn 66007637 [SN]

▪ DRESSING FOAM LIPIDOCOLLOID WITH SILICONE HEAVY EXUDATE

dressing foam lipidocolloid with silicone heavy exudate 10 cm x 10 cm dressing, 10

13007N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	93.40	7.70	UrgoTul Absorb Silicone Border 102203 [UG]

▪ DRESSING FOAM LIPIDOCOLLOID WITH SUCROSE OCTASULFATE HEAVY EXUDATE

dressing foam lipidocolloid with sucrose octasulfate heavy exudate 8 cm x 8 cm dressing, 10

13023K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	..	126.25	7.70	UrgoStart Border 100480 [UG]

dressing foam lipidocolloid with sucrose octasulfate heavy exudate 10 cm x 10 cm dressing, 10

13017D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	..	162.69	7.70	UrgoStart Border 100481 [UG]

dressing foam lipidocolloid with sucrose octasulfate heavy exudate 15 cm x 20 cm dressing, 10

13021H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	..	353.90	7.70	UrgoStart Border 100482 [UG]

▪ DRESSING FOAM LIPIDOCOLLOID WITH SUCROSE OCTASULFATE MODERATE EXUDATE

dressing foam lipidocolloid with sucrose octasulfate moderate exudate 10 cm x 10 cm dressing, 10

13008P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	..	136.07	7.70	UrgoStart Pad 100376 [UG]

dressing foam lipidocolloid with sucrose octasulfate moderate exudate 15 cm x 20 cm dressing, 10

13003J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	..	294.10	7.70	UrgoStart Pad 100377 [UG]

dressing foam lipidocolloid with sucrose octasulfate moderate exudate 12 cm x 19 cm dressing, 10

13004K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	220.57	7.70	UrgoStart Pad 100378 [UG]

▪ DRESSING FOAM MODERATE EXUDATE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing foam moderate exudate cavity conforming foam, 20 g sachet

4694C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	99.56	7.70	Cavicare 4563 [SN]

▪ DRESSING FOAM MODERATE EXUDATE

Note This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing foam moderate exudate 12.5 cm x 12.5 cm dressing, 10

4590N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	175.34	7.70	Allevyn Adhesive 66000044 [SN]

▪ DRESSING FOAM WITH SILICONE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing foam with silicone 10.5 cm x 10.5 cm dressing, 10

11384E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	68.73	7.70	Allevyn Life Non-Bordered 66801748 [SN]

dressing foam with silicone 16 cm x 16 cm dressing, 10

11393P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	116.00	7.70	Allevyn Life Non-Bordered 66801749 [SN]

dressing foam with silicone 10.3 cm x 10.3 cm dressing, 10

10017F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	76.05	7.70	Allevyn Life 66801067 [SN]

dressing foam with silicone 12.9 cm x 12.9 cm dressing, 10

10029W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	106.94	7.70	Allevyn Life 66801068 [SN]

dressing foam with silicone 15.4 cm x 15.4 cm dressing, 10

10023M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	147.90	7.70	Allevyn Life 66801069 [SN]

dressing foam with silicone 21 cm x 21 cm dressing, 10

10021K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	297.04	7.70	Allevyn Life 66801070 [SN]

▪ DRESSING FOAM WITH SILICONE AND SILVER

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing foam with silicone and silver 10 cm x 10 cm dressing, 5

2439J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	105.09	7.70	Mepilex Ag [MH]

dressing foam with silicone and silver 10 cm x 10 cm dressing, 5

2470B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	111.93	7.70	Mepilex Border Ag [MH]

▪ DRESSING FOAM WITH SILICONE HEAVY EXUDATE

dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

12206K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	71.62	7.70	Mepilex Border Flex 595311 [MH]

dressing foam with silicone heavy exudate 7.5 cm x 7.5 cm dressing, 10

12184G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	54.10	7.70	Mepilex Border Flex 595211 [MH]

dressing foam with silicone heavy exudate 15 cm x 20 cm dressing, 10

12185H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	175.17	7.70	Mepilex Border Flex 595611 [MH]

dressing foam with silicone heavy exudate 22 cm x 23 cm dressing, 6

12195W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	165.09	7.70	Mepilex Border Heel 282750 [MH]

dressing foam with silicone heavy exudate 16 cm x 20 cm dressing, 5

12216Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	84.29	7.70	Mepilex Border Sacrum 282050 [MH]

dressing foam with silicone heavy exudate 22 cm x 25 cm dressing, 5

12207L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	126.54	7.70	Mepilex Border Sacrum 282450 [MH]

▪ DRESSING FOAM WITH SILICONE HEAVY EXUDATE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

4196W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	86.27	7.70	Allevyn Gentle 66800248 [SN]

dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

4230P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	95.86	7.70	Allevyn Gentle Border 66800270 [SN]

dressing foam with silicone heavy exudate 7.5 cm x 7.5 cm dressing, 10

4207K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	68.71	7.70	Allevyn Gentle Border 66800269 [SN]

▪ DRESSING FOAM WITH SILICONE LIGHT EXUDATE

dressing foam with silicone light exudate 4 cm x 5 cm dressing, 10

12780P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	31.26	7.70	Mepilex Border Lite 281000 [MH]

dressing foam with silicone light exudate 5 cm x 12.5 cm dressing, 5

12774H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	33.76	7.70	Mepilex Border Lite 281100 [MH]

dressing foam with silicone light exudate 10 cm x 10 cm dressing, 5

12804X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	40.54	7.70	Mepilex Border Lite 281300 [MH]

▪ DRESSING FOAM WITH SILICONE LIGHT EXUDATE

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

dressing foam with silicone light exudate 10 cm x 10 cm dressing, 5

4645L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	41.18	7.70	Mepilex Lite 284100 [MH]

dressing foam with silicone light exudate 6 cm x 8.5 cm dressing, 5

4644K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	32.61	7.70	Mepilex Lite 284000 [MH]

▪ DRESSING FOAM WITH SILICONE MODERATE EXUDATE

dressing foam with silicone moderate exudate 5 cm x 12.5 cm dressing, 5

12782R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	32.09	7.70	Mepilex Border Flex Lite 581100 [MH]

dressing foam with silicone moderate exudate 4 cm x 5 cm dressing, 10

12777L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	29.48	7.70	Mepilex Border Flex Lite 581011 [MH]

dressing foam with silicone moderate exudate 10 cm x 10 cm dressing, 5

12799P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	38.51	7.70	Mepilex Border Flex Lite 581300 [MH]

▪ DRESSING FOAM WITH SILICONE MODERATE EXUDATE

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

dressing foam with silicone moderate exudate 10 cm x 10 cm dressing, 5

4626L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	45.17	7.70	Mepilex 294100 [MH]

▪ DRESSING FOAM WITH SILVER

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing foam with silver 7.5 cm x 7.5 cm dressing, 10

4252T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	185.15	7.70	Allevyn Ag Adhesive 66800073 [SN]

dressing foam with silver 7.5 cm x 7.5 cm dressing, 10

4263J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	185.15	7.70	Allevyn Ag Gentle Border 66800460 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4255Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	275.01	7.70	Allevyn Ag Adhesive 66800075 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4259E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	280.28	7.70	Allevyn Ag Non-Adhesive 66800086 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4266M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	275.01	7.70	Allevyn Ag Gentle Border 66800461 [SN]

dressing foam with silver 12.5 cm x 12.5 cm dressing, 10

4258D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	341.44	7.70	Allevyn Ag Adhesive 66800078 [SN]

dressing foam with silver 12.5 cm x 12.5 cm dressing, 10

4270R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	341.44	7.70	Allevyn Ag Gentle Border 66800462 [SN]

▪ DRESSING GAUZE

dressing gauze eye pad, 12 pads

4768Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	19.78	7.70	Curity 4112 [KE]

▪ DRESSING GAUZE ABSORBENT

dressing gauze absorbent 10 cm x 10 cm pad, 100

4708T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	35.05	7.70	Handy 71117-06 [BV]

dressing gauze absorbent 5 cm x 5 cm pad, 100

4707R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	21.73	7.70	Handy 71117-05 [BV]

▪ DRESSING GAUZE PARAFFIN

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing gauze paraffin 10 cm x 10 cm dressing, 10

4759L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	32.35	7.70	Jelonet 7404 [SN]

▪ DRESSING GAUZE PARAFFIN WITH CHLORHEXIDINE ACETATE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing gauze paraffin with chlorhexidine acetate 10 cm x 10 cm dressing, 10

4845B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	41.19	7.70	Bactigras 7457 [SN]

▪ DRESSING GELLING FIBRE

dressing gelling fibre 5 cm x 5 cm dressing, 10

12187K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	42.21	7.70	Exufiber 709900 [MH]

dressing gelling fibre 15 cm x 15 cm dressing, 10

12202F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	156.22	7.70	Exufiber 709903 [MH]

dressing gelling fibre 1 cm x 45 cm dressing, 5

12213T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	53.16	7.70	Exufiber 709908 [MH]

dressing gelling fibre 2 cm x 45 cm dressing, 5

12182E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	53.16	7.70	Exufiber 709909 [MH]

dressing gelling fibre 10 cm x 10 cm dressing, 10

12181D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	75.58	7.70	Exufiber 709901 [MH]

▪ DRESSING GELLING FIBRE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing gelling fibre 10 cm x 10 cm dressing, 10

2486W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	130.55	7.70	Durafiber 66800560 [SN]

dressing gelling fibre 15 cm x 15 cm dressing, 5

2445Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*271.06	7.70	Durafiber 66800561 [SN]

dressing gelling fibre 2 cm x 45 cm rope, 5

2462N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	111.60	7.70	Durafiber 66800563 [SN]

▪ DRESSING GELLING FIBRE LIPIDOCOLLOID

dressing gelling fibre lipidocolloid 15 cm x 20 cm dressing, 10

13009Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	228.39	7.70	UrgoClean Pad 100372 [UG]

dressing gelling fibre lipidocolloid 10 cm x 10 cm dressing, 10

13015B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	104.58	7.70	UrgoClean Pad 100370 [UG]

▪ DRESSING HYDROACTIVE DEBRIDEMENT

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydroactive debridement 4 cm dressing, 10

12636C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	91.89	7.70	HydroClean Plus Cavity 609622 [HR]

dressing hydroactive debridement 4 cm dressing, 10

12637D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	88.17	7.70	HydroClean Plus 609602 [HR]

dressing hydroactive debridement 4 cm dressing, 10

4949L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	83.55	7.70	TenderWet 24 Active 609210 [HR]

dressing hydroactive debridement 5.5 cm dressing, 10

12629Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	145.30	7.70	HydroClean Plus 609606 [HR]

dressing hydroactive debridement 5.5 cm dressing, 10

4948K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	85.36	7.70	TenderWet Active Cavity 609272 [HR]

dressing hydroactive debridement 7.5 cm x 7.5 cm dressing, 10

12660H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	192.88	7.70	HydroClean Plus 609608 [HR]

dressing hydroactive debridement 7.5 cm x 7.5 cm dressing, 10

4950M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	110.33	7.70	TenderWet 24 Active 609213 [HR]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 11 cm x 11 cm dressing: island, 10 dressings

4695D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	106.80	7.70	Tielle MTL101E [KI]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 18 cm x 18 cm dressing: island, 5 dressings

4696E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	129.20	7.70	Tielle MTL103 [KI]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 12 cm x 12 cm waterproof pad, 10

4929K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	94.19	7.70	Biatain Adhesive 3420 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 18 cm x 18 cm waterproof pad, 5

4930L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	91.43	7.70	Biatain Adhesive 3423 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 10 cm x 10 cm waterproof pad, 10

4927H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	86.24	7.70	Biatain Non-adhesive 3410 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 15 cm x 15 cm waterproof pad, 5

4928J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	84.93	7.70	Biatain Non-adhesive 3413 [CT]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND LIGHT EXUDATE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing hydroactive superficial wound light exudate 5 cm x 6 cm dressing, 10

4905E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	86.22	7.70	Allevyn Thin 66047576 [SN]

dressing hydroactive superficial wound light exudate 10 cm x 10 cm dressing, 5

4906F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*155.10	7.70	Allevyn Thin 66047578 [SN]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND MODERATE EXUDATE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing hydroactive superficial wound moderate exudate 10 cm x 10 cm dressing, 5

4886E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*98.78	7.70	Cutinova Hydro 66047443 [SN]

dressing hydroactive superficial wound moderate exudate 5 cm x 6 cm dressing, 10

4885D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	61.39	7.70	Cutinova Hydro 66047441 [SN]

▪ DRESSING HYDROCOLLOID CAVITY WOUND

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

dressing hydrocolloid cavity wound paste, 30 g

4896Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*137.74	7.70	DuoDERM Paste 187930 [CC]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4907G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	71.94	7.70	DuoDERM Extra Thin 187955 [CC]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4924E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	70.23	7.70	Comfeel Plus Transparent 3533 [CT]

dressing hydrocolloid superficial wound light exudate 5 cm x 7 cm dressing, 10

4888G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	44.24	7.70	Comfeel Plus Transparent 3530 [CT]

dressing hydrocolloid superficial wound light exudate 9 cm x 14 cm dressing, 10

4889H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	83.23	7.70	Comfeel Plus Transparent 3536 [CT]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4947J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	50.48	7.70	Hydrocoll Thin 900758 [HR]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

dressing hydrocolloid superficial wound moderate exudate 20 cm x 20 cm dressing, 5

4920Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*210.94	7.70	DuoDERM CGF 187662 [CC]

dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 5

4897R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*80.48	7.70	DuoDERM CGF 187660 [CC]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 10

4921B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	108.32	7.70	Replicare Ultra 66000434 [SN]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 10

4945G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	50.48	7.70	Hydrocoll 900744 [HR]

dressing hydrocolloid superficial wound moderate exudate 15 cm x 15 cm dressing, 10

4946H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	87.99	7.70	Hydrocoll 900936 [HR]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing hydrocolloid superficial wound moderate exudate 7cm (butterfly shape) dressing, 1

4678F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*57.24	7.70	Comfeel Plus Pressure Relieving 3350 [CT]

DRESSING-HYDROCOLLOID (SUPERFICIAL WOUND-MODERATE EXUDATE) Dressings with alginate 10 cm x 10 cm, 10, 1

4923D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	81.01	7.70	Comfeel Plus Ulcer Dressing 3110 [CT]

dressing hydrocolloid superficial wound moderate exudate 10cm (round) dressing, 1

4679G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*61.24	7.70	Comfeel Plus Pressure Relieving 3353 [CT]

▪ DRESSING HYDROFIBRE ALTERNATE TO ALGINATES

dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10

10837J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	120.49	7.70	Aquacel Foam Non-Adhesive [CC]

dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10

2797F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	97.75	7.70	Aquacel Extra 420672 [CC]

dressing hydrofibre alternate to alginates 15 cm x 15 cm dressing, 5

2803M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*197.08	7.70	Aquacel Extra 420673 [CC]

dressing hydrofibre alternate to alginates 2 cm x 45 cm ribbon, 5

4698G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	82.52	7.70	Aquacel 403770 [CC]

dressing hydrofibre alternate to alginates 12.5 cm x 12.5 cm dressing, 10

10832D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	116.95	7.70	Aquacel Foam Adhesive [CC]

▪ DRESSING HYDROFIBRE WITH SILVER

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing hydrofibre with silver 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15373D	‡1	..	..	251.41	7.70	Aquacel Ag+ Extra 413567 [CC]

dressing hydrofibre with silver 15 cm x 15 cm dressing, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15396H	‡1	..	..	268.78	7.70	Aquacel Ag+ Extra 413568 [CC]

dressing hydrofibre with silver 2 cm x 45 cm ribbon, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15409B	‡1	..	..	213.09	7.70	Aquacel Ag+ Ribbon 413571 [CC]

▪ DRESSING HYDROGEL

dressing hydrogel 7.5 cm x 15 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11395R	‡1	..	..	113.45	7.70	Sorbact Gel Dressing S98137 [BV]

dressing hydrogel 10 cm x 10 cm dressing, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11709G	‡1	..	..	32.35	7.70	Suprasorb G 33631 [LC]

dressing hydrogel 10 cm x 10 cm dressing, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2471C	1	..	..	182.39	7.70	Sorbact Absorption Dressing S98222 [BV]

▪ DRESSING HYDROGEL

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydrogel 12.5 cm x 12.5 cm dressing, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12659G	‡1	..	..	43.67	7.70	Hydrosorb Comfort 900723 [HR]

▪ DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

dressing hydrogel amorphous gel, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4914P	3	3	..	*36.90	7.70	Solugel 10336 [JJ]

dressing hydrogel amorphous gel, 3 x 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4913N	3	1	..	*94.35	7.70	DuoDERM Gel H7987 [CC]

▪ DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing hydrogel amorphous gel, 10 x 15 g

4912M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	65.56	7.70	DuoDERM Gel 187990 [CC]
		..	72.27	7.70	Comfeel Purilon Gel 3900 [CT]

▪ DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing hydrogel amorphous gel, 25 g

4894N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	3	..	*91.92	7.70	Intrasite Gel 7313 [SN]

dressing hydrogel amorphous gel, 50 g

4599C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*43.86	7.70	SoloSite Gel 36361338 [SN]

▪ DRESSING HYDROGEL FOAM

dressing hydrogel foam 10 cm x 10 cm dressing, 10

2533H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	124.36	7.70	Sorbact Foam Dressing S98310 [BV]

▪ DRESSING HYDROGEL RIBBON

dressing hydrogel ribbon 1 cm x 50 cm dressing, 20

2512F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	184.58	7.70	Sorbact Ribbon Gauze S98118 [BV]

dressing hydrogel ribbon 5 cm x 200 cm dressing, 10

2529D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	182.39	7.70	Sorbact Ribbon Gauze S98120 [BV]

▪ DRESSING HYDROGEL SHEET

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

dressing hydrogel sheet 9.5 cm x 10.2 cm dressing, 5

4911L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*82.08	7.70	Nu-Gel 2497 [KI]

▪ DRESSING HYDROGEL SHEET

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydrogel sheet 10 cm x 10 cm dressing, 5

4806Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*55.46	7.70	Hydrosorb 900854 [HR]

▪ DRESSING HYDROPHOBIC

dressing hydrophobic 15 cm x 15 cm foam dressing, 10

11404F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	201.02	7.70	Sorbact Foam Dressing S98315 [BV]

dressing hydrophobic 10 cm x 10 cm dressing, 10

11392N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	195.54	7.70	Sorbact Foam Gentle Border 98532 [BV]

dressing hydrophobic 10 cm x 10 cm dressing, 10

11402D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	89.98	7.70	Sorbact Superabsorbent 98501 [BV]

dressing hydrophobic 15 cm x 15 cm dressing, 10

11394Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	305.05	7.70	Sorbact Foam Gentle Border 98533 [BV]

dressing hydrophobic 20 cm x 20 cm dressing, 10

11403E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	239.34	7.70	Sorbact Superabsorbent 98503 [BV]

▪ DRESSING LIPIDOCOLLOID MODERATE EXUDATE

dressing lipidocolloid moderate exudate 10 cm x 12 cm dressing, 16

13026N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	118.98	7.70	UrgoTul Lite Border 100357 [UG]

dressing lipidocolloid moderate exudate 10 cm x 12 cm dressing, 10

13331P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	79.61	7.70	UrgoTul Lite Border 10035710 [UG]

▪ DRESSING NON ADHERENT

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Dressings, non-woven, with silicone 5 cm x 7.5 cm, 10, 1

4243H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	64.80	7.70	Mepitel 290510 [MH]

DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Dressings, non-woven, with silicone 7.5 cm x 10 cm, 10, 1

4244J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	103.61	7.70	Mepitel 290710 [MH]

▪ DRESSING NON ADHERENT

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing non adherent 7.5 cm x 10 cm dressing, 10

4944F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.80	7.70	Atrauman 499513 [HR]

▪ DRESSING NON ADHERENT

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing non adherent 10 cm x 10 cm dressing, 10

4861W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	47.49	7.70	Melolin 66974933 [SN]

dressing non adherent 10 cm x 10 cm dressing, 5

4862X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*34.22	7.70	Cutilin Non-Stick Wound Pad 36361375 [SN]

dressing non adherent 5 cm x 5 cm dressing, 5

4819P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*24.24	7.70	Cutilin Non-Stick Wound Pad 36361374 [SN]

dressing non adherent 5 cm x 5 cm dressing, 5

4860T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*25.64	7.70	Melolin 36361357 [SN]

▪ DRESSING NON-ADHERENT ABSORBENT

dressing non-adherent absorbent 12.5 cm x 12.5 cm hydroactive dressing, 10

11717Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	28.13	7.70	Vliwasorb Pro 32641 [LC]

dressing non-adherent absorbent 12.5 cm x 12.5 cm hydroactive dressing, 10

12837P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	34.49	7.70	Mextra Superabsorbent 610000 [MH]

dressing non-adherent absorbent 22 cm x 22 cm hydroactive dressing, 10

11715N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	38.66	7.70	Vliwasorb Pro 32643 [LC]

dressing non-adherent absorbent 22 cm x 32 cm hydroactive dressing, 10

11718R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	50.87	7.70	Vliwasorb Pro 32644 [LC]

dressing non-adherent absorbent 17.5 cm x 22.5 cm hydroactive dressing, 10

12834L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	52.95	7.70	Mextra Superabsorbent 610300 [MH]

dressing non-adherent absorbent 22.5 cm x 32.5 cm hydroactive dressing, 10

12833K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	89.46	7.70	Mextra Superabsorbent 610500 [MH]

dressing non-adherent absorbent 10 cm x 13 cm dressing, 50

12832J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	57.64	7.70	Mesorb 677001 [MH]

dressing non-adherent absorbent 10 cm x 23 cm dressing, 50

12825B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	77.46	7.70	Mesorb 677401 [MH]

dressing non-adherent absorbent 23 cm x 25 cm dressing, 30

12824Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	99.78	7.70	Mesorb 677701 [MH]

▪ DRESSING NON-ADHERENT ABSORBENT

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing non-adherent absorbent 10 cm x 10 cm hydroactive dressing, 10

12600E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	39.44	7.70	Zetuvit Plus 413710 [HR]

dressing non-adherent absorbent 10 cm x 20 cm hydroactive dressing, 10

12593T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	45.71	7.70	Zetuvit Plus 413711 [HR]

dressing non-adherent absorbent 20 cm x 40 cm hydroactive dressing, 10

12599D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	95.88	7.70	Zetuvit Plus 413715 [HR]

▪ DRESSING NON-ADHERENT WITH SILICONE

dressing non-adherent with silicone 10 cm x 18 cm dressing, 10

12196X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	301.98	7.70	Mepitel One 289500 [MH]

dressing non-adherent with silicone 5 cm x 7.5 cm dressing, 10

12208M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	91.65	7.70	Mepitel One 289100 [MH]

▪ DRESSING NON-ADHERENT WITH SILICONE

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing non-adherent with silicone 7.5 cm x 10 cm dressing, 5

12651W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	65.55	7.70	Atrauman Silicone 499561 [HR]

▪ DRESSING POLY-ABSORBENT FIBRE LIPIDOCOLLOID WITH SUCROSE OCTASULFATE HEAVY EXUDATE

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate heavy exudate 8 cm x 8 cm dressing, 10

13013X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	200.13	7.70	UrgoStart Plus Border 100460 [UG]

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate heavy exudate 10 cm x 10 cm dressing, 10

13014Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	259.79	7.70	UrgoStart Plus Non Adhesive 100441 [UG]

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate heavy exudate 10 cm x 10 cm dressing, 10

13019F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	272.89	7.70	UrgoStart Plus Border 100461 [UG]

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate heavy exudate 15 cm x 20 cm dressing, 10

13024L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	619.56	7.70	UrgoStart Plus Border 100462 [UG]

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate heavy exudate 15 cm x 20 cm dressing, 5

13018E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	299.22	7.70	UrgoStart Plus Non Adhesive 100442 [UG]

▪ DRESSING POLY-ABSORBENT FIBRE LIPIDOCOLLOID WITH SUCROSE OCTASULFATE MODERATE EXUDATE

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate moderate exudate 10 cm x 10 cm dressing, 10

13025M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	204.98	7.70	UrgoStart Plus Pad 100421 [UG]

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate moderate exudate 15 cm x 20 cm dressing, 10

13012W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	462.24	7.70	UrgoStart Plus Pad 100422 [UG]

▪ DRESSING TULLE NON-ADHERENT PRIMARY WOUND CONTACT LAYER PARAFFIN

dressing tulle non-adherent primary wound contact layer paraffin 7.6 cm x 7.6 cm dressing, 1

4909J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	1	..	*24.24	7.70	Adaptic 2012 [KI]

▪ DRESSING WITH SILVER

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing with silver 10 cm x 10 cm tulle dressing, 3

4648P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	46.23	7.70	Atrauman Ag 499572 [HR]

dressing with silver 10 cm x 10 cm tulle dressing, 10

12591Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	114.72	7.70	Atrauman Ag 499573 [HR]

▪ DRESSING WITH SILVER

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing with silver 12.5 cm x 12.5 cm hydroactive dressing, 5

4647N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	180.54	7.70	Biatain Ag 9632 [CT]

dressing with silver 10 cm x 10 cm hydroactive dressing, 5

4646M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	166.27	7.70	Biatain Ag 9622 [CT]

▪ GAUZE AND COTTON TISSUE COMBINE ROLL

gauze and cotton tissue combine roll 10 cm x 10 m wrapped pack roll, 1

4761N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	23.45	7.70	JJ 12010 [JJ]

gauze and cotton tissue combine roll 9 cm x 10 m wrapped pack roll, 1

4767X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.96	7.70	BSN 2902165 [BV]

▪ PAD WOUND DEBRIDEMENT

Note If the wound has not healed during this period, further use is to be discontinued after initial pack, no repeats. Where wounds remain unresponsive to standard treatment, patient should be referred on to a specialist.

pad wound debridement 10 cm x 10 cm pad, 5

11383D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	92.32	7.70	Debrisoft [LC]

pad wound debridement pad, 5

11391M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	92.32	7.70	Debrisoft Lolly [LC]

▪ POVIDONE-IODINE

povidone-iodine 9.5 cm x 9.5 cm dressing, 25

10847X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	78.92	7.70	Inadine [KI]

▪ SODIUM CHLORIDE + HYPOCHLOROUS ACID + SODIUM HYPOCHLORITE

sodium chloride 0.022% + hypochlorous acid 0.004% + sodium hypochlorite 0.004% irrigation solution, 250 mL

11134B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	33.13	7.70	Microdacyn [TF]

▪ TAPE NON WOVEN RETENTION POLYACRYLATE

tape non woven retention polyacrylate 2.5 cm x 9.1 m tape, 1 roll

4915Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.82	7.70	Medipore 2961 [MM]

▪ TAPE NON WOVEN RETENTION POLYACRYLATE

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

tape non woven retention polyacrylate 2.5 cm x 10 m tape, 1 roll

4917T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.34	7.70	Mefix 310250 [MH]

▪ TAPE PLASTER ADHESIVE ELASTIC

tape plaster adhesive elastic 2.5 cm x 2.5 m tape, 1 roll

4780N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.69	7.70	Leukoplast 01071-00 [BV]

tape plaster adhesive elastic 5 cm x 2.5 m tape, 1 roll

4781P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	26.46	7.70	Leukoplast 01072-00 [BV]

tape plaster adhesive elastic 7.5 cm x 2.5 m tape, 1 roll

4782Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	30.03	7.70	Leukoplast 01073-00 [BV]

▪ TAPE PLASTER ADHESIVE HYPOALLERGENIC

tape plaster adhesive hypoallergenic 1.9 cm x 5.4 m dispenser tape, 1 roll

4848E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.35	7.70	Nexcare Durable Cloth First Aid Tape 799 [MM]

tape plaster adhesive hypoallergenic 1.9 cm x 7.3 m dispenser tape, 1 roll

4849F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.35	7.70	Nexcare Gentle Paper First Aid Tape 789 [MM]

tape plaster adhesive hypoallergenic 1.25 cm x 5 m tape, 1 roll

4783R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.26	7.70	Leukopor 2471 [BV]

tape plaster adhesive hypoallergenic 1.25 cm x 5 m tape, 1 roll

4785W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.53	7.70	Leukosilk 1021 [BV]

tape plaster adhesive hypoallergenic 2.5 cm x 5 m tape, 1 roll

4787Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.04	7.70	Leukosilk 1022 [BV]

tape plaster adhesive hypoallergenic 2.5 cm x 5 m tape, 1 roll

4794H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.52	7.70	Leukopor 2472 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4788B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	23.45	7.70	Leukoflex 1124 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4789C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	24.74	7.70	Leukosilk 1024 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4790D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	23.93	7.70	Leukopor 2474 [BV]

▪ TAPE PLASTER ADHESIVE WITH SILICONE

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

tape plaster adhesive with silicone 2 cm x 3 m tape, 1 roll

4239D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	26.97	7.70	Mepitac 298300 [MH]

tape plaster adhesive with silicone 4 cm x 1.5 m tape, 1 roll

4240E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	26.97	7.70	Mepitac 298400 [MH]

Extemporaneously Prepared Benefits

Drug Tariff

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Acacia, powdered	BP	0.08	0.79	7.11	45.13
Acetic Acid (33 per cent)	BP	0.02	0.20	2.02	20.17
Acetic Acid (6 per cent)	BP	0.01	0.05	0.46	4.58
Acetone (use as additive only)	BP	0.04	0.44	3.94	35.06
Alum	BP	0.09	0.86	7.78	69.18
Aluminium Acetate Solution	BP	0.02	0.23	2.03	18.07
Anise Water Concentrated 1 in 40	BP	0.01	0.08	0.84	8.43
Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.06	0.58	5.16
Ascorbic Acid (for use only as an ingredient of ferrous sulfate mixtures)	BP	0.06	0.59	5.28	33.50
Aspirin	BP	0.46	4.65	41.83	371.85
Belladonna Tincture	BP	0.40	3.96	35.65	316.87
Benzocaine	BP	0.32	3.25	18.55	185.50
Benzoic Acid	BP	0.11	1.09	9.85	62.54
Benzoic Acid Compound Ointment	APF	0.02	0.25	2.21	19.64
Benzoic Acid Solution	BP	0.02	0.16	1.57	15.70
Benzoin Compound Tincture	BP	0.05	0.54	4.87	43.27
Boric Acid (use as additive only)	BP	0.06	0.57	5.09	32.29
Boric Acid, Olive Oil and Zinc Oxide Ointment	QHF	0.02	0.23	2.04	12.96
Calcium Hydroxide	BP	0.28	2.77	24.96	158.46
Calcium Hydroxide Solution	BP	0.01	0.04	0.39	3.88
Castor Oil (use as additive only)	BP	0.02	0.22	2.00	17.76
Cetomacrogol Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.06	0.51	4.53
Cetrimide Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.13	1.17	10.42
Chlorhexidine Acetate (use as additive only)	BP	0.78	7.76	44.32	443.20
Chlorhexidine Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.06	0.51	4.52
Chloroform (use as additive only)	BP	0.08	0.80	7.17	63.75
Chloroform Spirit	BP	0.01	0.09	0.87	8.70
Chloroform Water Concentrated 1 in 40	APF 15	0.01	0.10	1.05	10.49
Citric Acid Monohydrate	BP	0.12	1.24	11.17	70.91
Coal Tar	BP	0.06	0.55	4.99	44.37
Coal Tar Solution	BP	0.06	0.63	5.65	35.87
Cocaine Hydrochloride	BP	158.20	1582.01	9040.05	90400.50
Coconut Oil	BP	0.07	0.68	6.08	38.61
Codeine Linctus	APF	0.02	0.19	1.67	10.62
Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children)	BP	7.11	71.13	406.47	4064.70
Collodion Flexible	BP	0.10	1.03	9.26	58.76
Dithranol	BP	3.96	39.59	226.20	2262.00
Emulsifying Ointment (for use only as a base combined with active ingredients)	BP	0.01	0.13	1.21	10.74
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	1.77	17.70	159.30	1011.42
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.06	0.56	4.96
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.08	0.76	6.74
Ether Solvent (use as additive only)	BP	0.29	2.35	18.83	167.36
Eucalyptus Oil (use as additive only)	BP	0.02	0.21	1.90	16.90

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Ferrous Sulfate	BP	0.11	1.06	9.50	60.34
Formaldehyde Solution	BP	0.06	0.64	5.73	50.90
Gentian Alkaline Mixture	APF	0.01	0.09	0.68	6.00
Glycerol	BP	0.02	0.21	1.91	16.94
Honey Purified (use as additive only)	BP 1993	0.01	0.03	0.27	2.44
Hydroxybenzoate Compound Solution	APF	0.09	0.68	5.42	48.17
Iodine	BP	1.71	17.09	97.68	976.77
Iodine Alcoholic Solution	BP	0.05	0.45	4.05	25.73
Iodine Aqueous Oral Solution	BP	0.06	0.62	5.61	35.63
Kaolin Mixture	BPC 1968	0.04	0.39	3.47	30.88
Kaolin and Opium Mixture	APF 14	0.01	0.10	0.82	7.27
Lactic Acid	BP	0.41	4.11	36.99	234.86
Lavender Spike Oil	BPC 1968	0.13	1.29	11.57	73.44
Liquorice Liquid Extract	BP	0.19	1.86	16.70	148.44
Magnesium Carbonate Light	BP	0.05	0.37	2.92	25.99
Magnesium Sulfate (may only be prescribed for other than oral use)	BP	0.01	0.12	1.04	9.29
Magnesium Trisilicate	BP	0.06	0.61	5.53	49.18
Menthol, Racemic or Levomenthol	BP	0.21	2.08	18.69	118.64
Methyl Hydroxybenzoate	BP	0.45	4.50	40.52	257.24
Methyl Hydroxybenzoate Solution	APF	0.04	0.42	4.24	42.40
Methylated Industrial Spirit (use as additive only)	BP	0.01	0.01	0.13	1.14
Olive Oil (use as additive only)	BP	0.02	0.15	1.35	12.04
Paraffin Hard	BP	0.09	0.86	7.73	68.71
Paraffin Light Liquid	BP	0.02	0.17	1.52	9.62
Paraffin Liquid (use as additive only)	BP	0.01	0.11	1.00	8.92
Paraffin Soft White	BP	0.01	0.10	0.88	7.86
Peppermint Oil (use as additive only)	BP	0.11	1.10	9.94	63.12
Peppermint Water Concentrated 1 in 40 (use as additive only)	APF 16	0.05	0.46	4.10	36.48
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	1.60	16.00	144.02	914.40
Phenol Liquefied (not available for ear drops)	BP	0.54	5.38	48.39	307.22
Podophyllum Resin	BP	10.69	106.91	610.91	6109.05
Potassium Citrate	BP	0.04	0.40	3.63	32.25
Potassium Iodide	BP	0.16	1.59	14.29	90.71
Potassium Permanganate	BP	0.05	0.51	4.57	40.58
Propyl Hydroxybenzoate	BP	0.15	1.48	13.32	84.54
Propylene Glycol	BP	0.02	0.23	2.09	13.29
Resorcinol	BP	0.45	3.57	28.59	254.15
Salicylic Acid	BP	0.05	0.53	4.77	30.29
Salicylic Acid Ointment	APF	0.02	0.17	1.38	12.23
Salicylic Acid Ointment	BP	0.02	0.17	1.38	12.23
Simple Ointment (white) (for use only as a base combined with active ingredients)	BP	0.02	0.20	1.82	16.15
Simple Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.14	1.11	9.88
Sodium Bicarbonate	BP	0.03	0.29	2.65	23.58
Sodium Chloride	BP	0.03	0.32	2.90	25.80
Sodium Chloride Solution	BP	0.01	0.01	0.14	1.40
Sodium Citrate	BP	0.06	0.59	5.28	33.50
Sodium Thiosulfate (use as additive only)	BP	0.11	1.09	9.77	86.88
Starch	BP	0.02	0.19	1.74	15.45
Sulfur Ointment (for use only as a base combined with active ingredients)	BP 1980	0.02	0.24	2.35	23.51
Sulfur Precipitated	BP 1980	0.10	0.99	8.94	56.76
Syrup	BP	0.01	0.05	0.41	3.63
Talc Purified, sterilised	BP	6.88	68.75	618.76	5500.12
Thymol	BP	0.32	3.19	28.73	182.44
Thymol Compound Mouth Wash	APF 15	0.01	0.11	0.95	8.47
Tragacanth Compound Powder	BP 1980	0.07	0.57	4.58	40.73
Tragacanth Mucilage	APF 13	0.01	0.13	1.28	12.83
Tragacanth Mucilage	BPC 1973	0.01	0.12	1.22	12.17
Tragacanth, powdered	BP	0.87	8.69	78.21	496.56
Trichloroacetic Acid	BP 1980	0.58	5.81	52.30	332.04

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Triethanolamine	BP	0.19	1.88	16.91	107.38
Water For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	0.00	0.00	11.07	11.07
Water Purified	BP	0.01	0.01	0.13	1.12
Wool Alcohols Ointment (white) (for use only as a base combined with active ingredients)	BP	0.03	0.21	1.64	14.55
Wool Alcohols Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.19	1.48	13.18
Wool Fat	BP	0.04	0.36	3.23	28.72
Wool Fat Hydrous	BP	0.03	0.30	2.69	23.87
Zinc Compound Paste	BP	0.05	0.46	4.14	36.79
Zinc Cream (for use only as a base combined with active ingredients)	BP	0.02	0.16	1.46	13.00
Zinc Oxide	BP	0.02	0.23	2.06	18.35
Zinc Sulfate	BP	0.06	0.65	5.84	37.08
Zinc and Salicylic Acid Paste	BP	0.04	0.37	3.36	29.86

Container Prices

Type	Container	Price $
Dispensing Bottles	25mL	0.60
Dispensing Bottles	50mL	0.75
Dispensing Bottles	100mL	0.88
Dispensing Bottles	200mL	0.96
Dispensing Bottles	500mL	1.28
Poison Bottles	25mL	1.21
Poison Bottles	50mL	1.34
Poison Bottles	100mL	1.34
Poison Bottles	200mL	1.48
Poison Bottles	500mL	2.00
Poison Bottles	600mL	4.05
Poison Bottles	1000mL	3.99
Dropper Containers (Glass)	15mL	1.42
Dropper Containers (Polythene)	15mL	0.98
Screw Cap Jars	25g	1.10
Screw Cap Jars	50g	1.37
Screw Cap Jars	100g	1.43
Screw Cap Jars	200g	0.77
Screw Cap Jars	500g	2.19
Screw Cap Jars	1000g	4.39

Standard Formula Preparations

Code	Item	Reference	DPMQ $	MRVSN $
	Creams			
	(Maximum Quantity 100 g and 1 Repeat)			
7502W	Salicylic Acid and Sulfur Aqueous	APF	20.81	22.80
	Ear Drops			
	(Maximum Quantity 15 ml and 2 Repeats)			
7643G	Aluminium Acetate	BP	15.33	17.32
7642F	Aluminium Acetate	APF	14.19	16.18
7314Y	Sodium Bicarbonate	APF & BP	13.56	15.55
7313X	Spirit	APF	12.78	14.77
	Inhalations			
	(Maximum Quantity 50 ml and 1 Repeat)			
7484X	Benzoin and Menthol	APF	38.65	25.00
7308P	Menthol	APF	17.46	19.45
7310R	Menthol and Eucalyptus	BP1980	17.99	19.98
	Linctuses containing Codeine Phosphate			
	(Maximum Quantity 100 ml and 0 Repeat)			
7530H	Codeine	APF	22.99	24.98
	Lotions			
	(Maximum Quantity 200 ml and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	16.95	18.94
	Mixtures, Other			
	(Maximum Quantity 200 ml and 4 Repeats)			
7348R	Kaolin	BPC 1968	56.57	25.00
7342K	Magnesium Trisilicate	BPC 1968	28.99	25.00
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	48.64	25.00
	Ointments, Waxes			
	(Maximum Quantity 100 g and 1 Repeat)			
7914M	Benzoic Acid Compound	APF & BP	32.50	25.00
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	25.87	25.00
7926E	Salicylic Acid	APF	25.97	25.00
7928G	Salicylic Acid (extemporaneous formula)	BP	25.97	25.00
	Paints			
	(Maximum Quantity 25 ml and 1 Repeat)			
7567G	Podophyllin Compound	APF 16 & BP	423.91	25.00
7568H	Salicylic Acid	APF	34.73	25.00
	Pastes, Other			
	(Maximum Quantity 100 g and 1 Repeat)			
7558T	Zinc	APF & BP	49.57	25.00
	Powders for Internal Use			
	(Maximum Quantity 100 g and 2 Repeats)			
7545D	Magnesium Trisilicate	BP	61.31	25.00

Codes, Maximum Quantities, and Number of Repeats for Extemporaneously Prepared Benefits

Code	Preparation	Maximum Quantity	Number of Repeats
13Q	Creams	100 g	1
48M	Dusting Powders	100 g	1
15T	Ear Drops	15 ml	2
19B	Eye Drops containing Cocaine Hydrochloride	15 ml	..
22E	Eye Drops, Other	15 ml	5
23F	Eye Lotions	200 ml	2
29M	Inhalations	50 ml	1
64J	Linctuses containing Codeine Phosphate	100 ml	..
34T	Linctuses, Other	100 ml	2
39C	Lotions	200 ml	2
65K	Mixtures containing Codeine Phosphate	200 ml	..
66L	Mixtures for Children containing Codeine Phosphate	100 ml	..
41E	Mixtures for Children, Other	100 ml	4
40D	Mixtures, Other	200 ml	4
30N	Mouth Washes	200 ml	1
42F	Nasal Instillations	15 ml	2
43G	Ointments, Waxes	100 g	1
44H	Paints	25 ml	1
63H	Pastes containing Cocaine Hydrochloride	25 g	..
45J	Pastes, Other	100 g	1
49N	Powders for Internal Use	100 g	2
52R	Solutions	200 ml	2

Index of Manufacturer Codes

Code	Manufacturer
AB	Abbott Australasia Pty Ltd
AE	AFT Pharmaceuticals (AU) Pty Ltd
AF	Alphapharm Pty Ltd
AL	Alphapharm Pty Ltd
AN	Amgen Australia Pty Limited
AP	AstraZeneca Pty Ltd
AQ	Alcon Laboratories (Australia) Pty Ltd
AS	Aspen Pharmacare Australia Pty Limited
AV	sanofi-aventis Australia Pty Ltd
BB	Blackmores Limited
BD	Biogen Australia Pty Ltd
BE	Beiersdorf Australia Ltd
BG	Sandoz Pty Ltd
BN	Bayer Australia Ltd
BQ	Bristol-Myers Squibb Australia Pty Ltd
BR	B. Braun Australia Pty Ltd
BV	BSN medical (Aust.) Pty Ltd
BX	BAXTER HEALTHCARE PTY LTD
BY	Boehringer Ingelheim Pty Ltd
BZ	Boucher & Muir Pty Ltd
CC	ConvaTec Australia Pty Ltd
CR	Pharmacor Pty Limited
CS	Seqirus (Australia) Pty Ltd
CT	Coloplast Pty Ltd
CU	Care Pharmaceuticals Pty Limited
CX	Contact Lens Centre Australia Limited
DE	Stallergenes Australia Pty Ltd
DJ	De Fries Industries Pty Ltd
DU	Douglas Pharmaceuticals Australia Pty Limited
DV	Medical Developments International Limited
DX	Ascensia Diabetes Care Australia Pty Limited
DZ	Medsurge Healthcare Pty Ltd
EI	Eisai Australia Pty Ltd
EJ	Encapsulate Pharma Pty Ltd
EO	Ego Pharmaceuticals Pty Ltd
EU	Chiesi Australia Pty Ltd
EV	Teva Pharma Australia Pty Ltd
EW	Celltrion Healthcare Australia Pty Ltd
FB	Pierre Fabre Australia Pty Ltd
FD	Dr Falk Pharma Australia Pty Ltd
FF	Phebra Pty Ltd
FG	Phebra Pty Ltd
FJ	Pharmaco (Australia) Limited
FK	A.Menarini Australia Pty Limited
FP	Ferring Pharmaceuticals Pty Limited
FQ	Pharmaco (Australia) Limited
FT	AMICUS THERAPEUTICS PTY LTD
FW	NEURAXPHARM AUSTRALIA PTY LIMITED
FX	Gedeon Richter Australia Pty Ltd
FY	Pharmacor Pty Limited
FZ	Pfizer Australia Pty Ltd
GA	Galderma Australia Pty Ltd
GC	GlaxoSmithKline Australia Pty Ltd
GH	Amdipharm Mercury (Australia) Pty Limited
GI	Gilead Sciences Pty Limited
GJ	HALEON AUSTRALIA PTY LTD
GK	GlaxoSmithKline Australia Pty Ltd
GN	Actavis Pty Ltd
GO	Viatris Pty Ltd
GQ	Generic Health Pty Ltd
GT	Viatris Pty Ltd
GX	Apotex Pty Ltd
GZ	sanofi-aventis Australia Pty Ltd
HB	Besins Healthcare Australia Pty Ltd
HJ	Maple Healthcare Pty Ltd
HQ	Generic Health Pty Ltd
HR	Paul Hartmann Pty Ltd
HT	BTC Speciality Health Pty Ltd
HW	HAMELN PHARMA PTY. LTD.

Code	Manufacturer
HX	Sandoz Pty Ltd
IE	BEONE MEDICINES AUS PTY LTD
IG	Sigma Company Limited
IL	iNova Pharmaceuticals (Australia) Pty Limited
IM	iNova Pharmaceuticals (Australia) Pty Limited
IO	BioMarin Pharmaceutical Australia Pty Ltd
IQ	Alcon Laboratories (Australia) Pty Ltd
IR	Indivior Pty Ltd
IS	Ipsen Pty Ltd
IT	InterPharma Pty Ltd
IU	AUPHARMA PTY LTD
IX	Clinect Pty Ltd
IY	Clinect Pty Ltd
JA	JAZZ PHARMACEUTICALS ANZ PTY LTD
JC	Janssen-Cilag Pty Ltd
JG	Merck Healthcare Pty Ltd
JJ	Johnson & Johnson Medical Pty Ltd
JM	Glenmark Pharmaceuticals (Australia) Pty Ltd
JO	Juno Pharmaceuticals Pty Ltd
JT	Johnson & Johnson Pacific Pty Limited
JU	Juno Pharmaceuticals Pty Ltd
JW	Asteri Pharma Pty Ltd
JX	Juno Pharmaceuticals Pty Ltd
KB	BIOINTELECT PTY LTD
KE	Kendall Australasia Pty Ltd
KI	KCI Medical Australia Pty Ltd
KO	KYOWA KIRIN AUSTRALIA PTY LTD
KP	Eli Lilly Australia Pty Ltd
KQ	PHERO PHARMA PTY LTD
KT	ACTOR PHARMACEUTICALS PTY LTD
KY	Key Pharmaceuticals Pty Ltd
LC	Lohmann & Rauscher Pty Ltd
LD	Lacuna Pharma Pty Ltd
LJ	Anthia Life Sciences Pty Ltd
LL	Astellas Pharma Australia Pty Ltd
LM	Link Medical Products Pty Ltd
LN	Aspen Pharmacare Australia Pty Limited
LO	Leo Pharma Pty Ltd
LQ	Astellas Pharma Australia Pty Ltd
LR	Cipla Australia Pty Ltd
LS	Astellas Pharma Australia Pty Ltd
LT	Aspen Pharmacare Australia Pty Limited
LU	Lundbeck Australia Pty Ltd
LX	Lawley Pharmaceuticals Pty Ltd
LY	Eli Lilly Australia Pty Ltd
MF	Mundipharma Pty Limited
MH	Molnlycke Health Care Pty Ltd
MK	Merck Sharp & Dohme (Australia) Pty Ltd
MM	3M Pharmaceuticals Australia Pty Ltd
MQ	Alphapharm Pty Ltd
MT	Mentholatum Australasia Pty Ltd
MW	Biomed Aust Pty Limited
NB	Nova Pharmaceuticals Australasia Pty Ltd
NE	Norgine Pty. Ltd.
NF	Novo Nordisk Pharmaceuticals Pty. Limited
NG	NEON HEALTHCARE PTY LIMITED
NM	Novartis Pharmaceuticals Australia Pty Limited
NO	Novo Nordisk Pharmaceuticals Pty. Limited
NP	NICE-PAK PRODUCTS PTY. LTD.
NQ	Takeda Pharmaceuticals Australia Pty. Ltd.
NT	Nestle Australia Ltd
NU	Nutricia Australia Pty Limited
NV	Novartis Pharmaceuticals Australia Pty Limited
OB	Oral B Laboratories Pty Ltd
OC	Accord Healthcare Pty. Ltd.
OH	Orpharma Pty Ltd
OJ	The Trustee for ORSPEC PHARMA UNIT TRUST
OM	Colgate Oral Care
ON	Orion Laboratories Pty. Ltd.

Code	Manufacturer
OQ	Organon Pharma Pty Ltd
OS	Otsuka Australia Pharmaceutical Pty. Ltd
OW	Arrow Pharma Pty Ltd
OX	Orion Pharma (Aus) Pty Limited
PB	Pharmaco (Australia) Limited
PF	Pfizer Australia Pty Ltd
PK	Fresenius Kabi Australia Pty Limited
PP	Petrus Pharmaceuticals Pty Ltd
PY	Procter & Gamble Pharmaceuticals Australia Pty Ltd
QH	Cortex Health Pty Ltd
QS	Sandoz Pty Ltd
QY	Pro Pharmaceuticals Group Pty. Ltd.
RA	Sun Pharma ANZ Pty Ltd
RC	Reckitt Benckiser (Australia) Pty Limited
RF	Arrow Pharma Pty Ltd
RI	Dr Reddy's Laboratories (Australia) Pty Ltd
RJ	Recordati Rare Diseases Australia Pty. Ltd.
RM	Pharmacor Pty Limited
RN	Sun Pharma ANZ Pty Ltd
RO	Roche Products Pty Ltd
RQ	Reach Pharmaceuticals Pty Ltd
RW	Arrow Pharma Pty Ltd
RX	Servier Laboratories (Aust.) Pty. Ltd.
RZ	Dr Reddy's Laboratories (Australia) Pty Ltd
SA	SciGen (Australia) Pty Limited
SB	Nutricia Australia Pty Limited
SE	Servier Laboratories (Aust.) Pty. Ltd.
SG	Merck Healthcare Pty Ltd
SI	Sigma Company Limited
SN	Smith & Nephew Pty Limited
SS	SSL Australia Pty Ltd
SW	sanofi-aventis Australia Pty Ltd
SY	Bayer Australia Ltd
SZ	Sandoz Pty Ltd
TB	Teva Pharma Australia Pty Ltd
TD	STADA Pharmaceuticals Australia Pty Limited
TF	Te Arai BioFarma Limited
TG	ANTENGENE (AUS) PTY. LTD.
TJ	Taiho Pharma Oceania Pty Ltd
TK	Takeda Pharmaceuticals Australia Pty. Ltd.
TN	Medtas Pty Ltd
TQ	Terumo BCT Australia Pty Limited
TT	Theramex Australia Pty Ltd
TW	Apotex Pty Ltd
TX	Apotex Pty Ltd
TY	Apotex Pty Ltd
UC	UCB Australia Proprietary Limited
UG	Urgo Medical Australia Pty Ltd
UI	PERRIGO AUSTRALIA PTY LIMITED
UL	Bausch & Lomb (Australia) Pty Ltd
UM	Unomedical Pty Ltd
UN	Unilever Australia Limited
UO	Bausch & Lomb (Australia) Pty Ltd
UR	Camurus Pty Ltd
VB	AbbVie Pty Ltd
VE	AbbVie Pty Ltd
VF	Vitaflo Australia Pty Limited
VI	ViiV Healthcare Pty Ltd
VJ	VITALION PTY LTD
VK	CSL BEHRING (AUSTRALIA) PTY LTD
VO	Avallon Pharmaceuticals Pty Limited
VQ	Novartis Pharmaceuticals Australia Pty Limited
VR	Vertex Pharmaceuticals (Australia) Pty. Ltd.
VZ	Sanofi-aventis Healthcare Pty Ltd
WA	sanofi-aventis Australia Pty Ltd
WG	WAGNER PHARMACEUTICALS PTY LTD
WM	MEDISON PHARMA AUSTRALIA PTY LIMITED
WN	A-WON PHARMA PTY LTD
WZ	Bridgewest Perth Pharma Pty Ltd
XC	Southern Cross Pharma Pty Ltd
XE	ACCELAGEN PTY LTD
XH	MS Health Pty Ltd
XI	Alexion Pharmaceuticals Australasia Pty Ltd
XN	Southern XP Pty Ltd
XO	Echo Therapeutics Pty Ltd
XT	Arrotex Pharmaceuticals Pty Ltd
XW	Arrotex Pharmaceuticals Pty Ltd
XY	MAXX PHARMA PTY LTD
YG	EUGIA PHARMA (AUSTRALIA) PTY LTD
YN	Mayne Pharma International Pty Ltd
YO	The Trustee for ORSPEC PHARMA UNIT TRUST
YT	Mayne Products Pty Ltd
ZB	Specialised Therapeutics Pm Pty Ltd
ZE	Seekwell Pty Ltd
ZO	Swedish Orphan Biovitrum Pty Ltd
ZS	Strides Pharma Science Pty Ltd
ZU	Seekwell Pty Ltd

Generic/Proprietary Index

ABATACEPT 533, 534, 537
ABEMACICLIB..... 426, 427
Abilify Asimtufii(LU)..... *1506*
Abilify Maintena(LU) *1505*, *1506*
Abilify(OS)..... *1505*
ABIRATERONE 528
ABIRATERONE (&) METHYLPREDNISOLONE
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS..... 528, 529
.SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS 284
ABIRATERONE (&) PREDNISOLONE..... 529
Abiraterone Dr.Reddy's(RZ) *528*
Abiraterone MedTas (TN) *528*
Abiraterone Sandoz(SZ) *528*
ABIRATERONE VIATRIS(AF) *528*
Abiraterone-Teva (TB)..... *528*
Abisart 150(AL)..... *207*
Abisart 300(AL)..... *207*, *208*
Abisart 75(AL)..... *207*, *208*
Abisart HCTZ 150/12.5(AL) *211*
Abisart HCTZ 300/12.5(AL) *211*
Abisart HCTZ 300/25(AL) *211*
Abrilada(PF)...547, *549*, *551*, *557*, *562*, *563*, *569*, *571*, *573*, *575*, *576*, *582*, *586*, *588*, *597*, *604*, *610*, *611*, *618*, *620*, *628*, *630*, *635*, *643*, *653*, *656*, *659*, *670*, *673*, *674*, *688*, *695*, *705*, *718*, *727*, *733*, *737*, *748*, *760*, *765*, *768*, *788*, *798*, *822*
Abstral(FK).....*1700*, *1701*, *1702*
Abyraz (AF)..... *1505*
ACALABRUTINIB 446, 447, 448, 449
ACAMPROSATE 1554
ACAMPROSATE VIATRIS(MQ) *1554*
ACAMPROSATE-WGR (WG)..... *1554*
ACARBOSE..... 117
Acarbose Viatris(AL)..... *117*, *118*
Accomin Adult Tonic(PF) *1720*
ACETAZOLAMIDE 1614
Acetec(AL) *196*, *197*
ACETIC ACID + OXYQUINOLINE + RICINOLEIC ACID 1729
ACICLOVIR
.ANTIINFECTIVES FOR SYSTEMIC USE..... 330, 331
.SENSORY ORGANS 1608
Aciclovir GH(GQ) *330*
Aciclovir Sandoz (HX)..... *330*
Aciclovir Sandoz(HX)..... *331*
ACICLOVIR-WGR (WG)..... *331*
ACICLOVIR-WGR(WG)..... *330*
Aci-Jel(CU) *1729*
Acimax Tablets(FJ).....*52*, *53*, *54*, *55*, *56*, *57*
ACITRETIN..... 240
Aclasta(HX)..... *1402*, *1403*
ACLIDINIUM..... 1596
ACLIDINIUM + FORMOTEROL..... 1583, 1584
ACQUIN(RF)..... *199*
Actemra ACTPen(RO)1166, *1168*, *1169*, *1171*, *1173*, *1174*, *1175*, *1177*, *1179*, *1180*, *1181*, *1184*, *1187*, *1191*, *1194*, *1197*, *1202*
Actemra Subcutaneous Injection(RO) 1166, *1168*, *1169*, *1171*, *1173*, *1174*, *1175*, *1177*, *1179*, *1180*, *1181*, *1184*, *1187*, *1191*, *1194*, *1197*, *1202*
Actiq(TB).....*1700*, *1701*, *1702*
Actisorb Plus MAP105(KI) *1746*
Actobet 50/500(KT)..... *240*
Actonel EC(TT) *1401*, *1402*, *1735*, *1736*
Actonel Once-a-Month(TT) *1401*, *1402*
Actonel(TT) *1400*, *1401*, *1402*, *1735*, *1736*
Actos(GQ)..... *118*, *119*
Actrapid Penfill 3 mL(NO).....*101*
Actrapid(NO) *101*
ADALIMUMAB544, 546, 547, 549, 550, 551, 552, 553, 554, 555, 557, 560, 562, 563, 565, 567, 569, 571, 573, 574, 575, 576, 578, 579, 581, 582, 584, 586, 588, 590, 592, 593, 594, 596, 597, 599, 602, 604, 606, 608, 610, 612, 615, 618, 620, 622, 625, 628, 630, 633, 635, 637, 640, 642, 643, 645, 648, 651, 653, 656, 659, 662, 665, 667, 670, 671, 673, 674, 675, 677, 679, 682, 685, 688, 692, 695, 697, 698, 702, 705, 708, 713, 718, 722, 727, 730, 733, 737, 742, 745, 748, 751, 756, 760, 765, 769, 773, 778, 783, 788, 792, 798, 804, 809, 815, 822
ADAPALENE + BENZOYL PEROXIDE.....249
Adaptic 2012(KI).....*1762*
Adenuric(FK) *1398*
Adesan HCT 16/12.5(AF) *210*
Adesan HCT 32/12.5(AF) *210*
Adesan HCT 32/25(AF).....*210*
Adesan(AF) *205*, *206*
ADRENALINE (EPINEPHRINE)
.CARDIOVASCULAR SYSTEM.....169, 170, 171, 172
.Prescriber Bag 28
.RESPIRATORY SYSTEM 1601, 1602, 1603, 1604
Adrenaline Jr Viatris(AF)
.CARDIOVASCULAR SYSTEM.....*172*
.RESPIRATORY SYSTEM *1604*
Adrenaline Viatris(AF)
.CARDIOVASCULAR SYSTEM.....*173*
.RESPIRATORY SYSTEM *1605*
ADT Booster(CS).....*29*, *341*
ADVAGRAF XL(LQ) *1270*, *1271*, *1272*
Advantan (Fatty)(LO).....*244*, *245*, *246*
Advantan(LO) *244*, *245*, *246*
AFATINIB 407
Afinitor(NV).....*433*, *434*, *435*, *436*
AFLIBERCEPT 1621, 1622, 1623, 1624, 1625, 1626, 1627, 1628
Afqlir(ZE) *1621*, *1622*, *1625*, *1626*, *1627*, *1628*, *1629*
Aggrastat(AS).....*150*
Airomir Autohaler(IL) *1562*
Ajovy(TB).....*1455*, *1456*
Akamin 50(AF) *300*
AKM Fingolimod(RW).....*1277*
Akynzeo IV(XT) *66*
Akynzeo(XT).....*67*
ALBENDAZOLE 1559
Albey Bee Venom(DE) *1648*
Albey Paper Wasp Venom(DE) *1648*
Albey Yellow Jacket Venom(DE).....*1648*
Aldactone(PF) *185*, *186*
Aldara Pump(IL) *256*, *1728*
Aldara(IL).....*256*, *1728*
Aldomet(AS).....*180*
Alecensa(RO).....*416*, *417*
ALECTINIB.....416
ALENDRONATE 1398, 1399
ALENDRONATE + COLECALCIFEROL .1403, 1404, 1405, 1736
Alendronate Sandoz(SZ).....*1399*, *1400*
ALENDRONATE-WGR (WG) *1399*, *1400*
Alepam 15(AF) *1513*, *1514*, *1706*
Alepam 30(AF) *1513*, *1514*, *1706*
Alfamino Junior(NT).....*1668*, *1669*
Alfamino(NT) *1663*, *1664*
ALFUZOSIN 1731
Algisite M 66000519(SN).....*1747*
Algisite M 66000520(SN).....*1747*
Algisite M 66000521(SN).....*1747*
Algivon Plus CR4225(DJ).....*1747*

Algivon Plus Ribbon & Probe CR4231(DJ) *1747*
Alkeran(AS) *342*
Allegron(RW) *1518*
Allereze(AF) *1740*
Allevyn 66007637(SN) *1749*
Allevyn Adhesive 66000044(SN) *1750*
Allevyn Ag Adhesive 66800073(SN) *1752*
Allevyn Ag Adhesive 66800075(SN) *1752*
Allevyn Ag Adhesive 66800078(SN) *1753*
Allevyn Ag Gentle Border 66800460(SN) *1752*
Allevyn Ag Gentle Border 66800461(SN) *1753*
Allevyn Ag Gentle Border 66800462(SN) *1753*
Allevyn Ag Non-Adhesive 66800086(SN) *1753*
Allevyn Gentle 66800248(SN) *1751*
Allevyn Gentle Border 66800269(SN) *1751*
Allevyn Gentle Border 66800270(SN) *1751*
Allevyn Life 66801067(SN) *1750*
Allevyn Life 66801068(SN) *1750*
Allevyn Life 66801069(SN) *1750*
Allevyn Life 66801070(SN) *1750*
Allevyn Life Non-Bordered 66801748(SN) *1750*
Allevyn Life Non-Bordered 66801749(SN) *1750*
Allevyn Thin 66047576(SN) *1755*
Allevyn Thin 66047578(SN) *1755*
Allmercap(LM) *344*
ALLOPURINOL 1397
Allopurinol Sandoz(SZ) *1397*
ALLOPURINOL-WGR (WG) *1397*
Allosig(RF) *1397*
Alodorm(AF)
.Palliative Care *1706*
Alodorm(AF)
.NERVOUS SYSTEM *1460*, *1515*
ALOGLIPTIN 119
ALOGLIPTIN + METFORMIN 106, 107
Alpha Keri Bath Oil(MT) *1724*
Alpha Keri Lotion(MT) *1725*
Alphaclav Duo Forte Viatris(AL) *306*, *307*, *308*
Alphaclav Duo Viatris(AL) *307*, *308*
Alphagan(VE) *1612*
Alphamox 250(AF) *300*, *302*
Alphamox 500(AF) *300*, *302*
Alprax 0.5(AS) *1512*
Alprax 1(AS) *1512*
ALPRAZOLAM 1512
Alprim(AF) *313*
ALPROSTADIL 1729
Alunbrig(TK) *417*, *418*
Alvesco 160(EU) *1594*, *1595*
Alvesco 80(EU) *1594*, *1595*
Alzene(AF) *1740*
Alziras(RW) *1495*, *1496*
AMANTADINE 1489
AMANTAMED(DZ) *1489*
Amcal Mag-A(IG) *1721*
AMCLAVOX DUO 500/125 (RW) *307*, *308*
AMCLAVOX DUO FORTE 875/125 (RW) *306*, *307*, *308*
Amdarone(XT) *169*
Amdipharm Mercury (Australia) Pty Limited(GH)
.CARDIOVASCULAR SYSTEM *187*
.GENITO URINARY SYSTEM AND SEX HORMONES *277*
Amgevita (XT) *547*, *549*, *551*, *557*, *562*, *563*, *569*, *571*, *573*, *575*, *576*, *582*, *586*, *588*, *597*, *604*, *610*, *611*, *618*, *620*, *628*, *630*, *635*, *643*, *653*, *656*, *659*, *670*, *673*, *674*, *688*, *695*, *705*, *718*, *727*, *733*, *737*, *748*, *760*, *765*, *768*, *788*, *798*, *822*
Amgevita(XT) *545*, *550*, *552*, *553*, *555*, *560*, *565*, *567*, *573*, *574*, *575*, *578*, *581*, *584*, *589*, *591*, *593*, *594*, *596*, *601*, *606*, *608*, *615*, *622*, *625*, *633*, *637*, *640*, *641*, *645*, *651*, *662*, *665*, *667*, *671*, *675*, *676*, *692*, *697*, *698*, *708*, *713*, *722*, *730*, *741*, *745*, *751*, *755*, *773*, *783*, *792*, *804*, *809*, *815*, *829*
AMIFAMPRIDINE 1555
AMILORIDE + HYDROCHLOROTHIAZIDE 186
AMILOXYN (RF) *300*, *302*
AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS 1671, 1672
AMINO ACID FORMULA WITH CARBOHYDRATE WITHOUT PHENYLALANINE 1674
AMINO ACID FORMULA WITH CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE 1674
AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT METHIONINE 1674
AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT PHENYLALANINE 1674
AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT PHENYLALANINE AND TYROSINE 1674
AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT VALINE, LEUCINE AND ISOLEUCINE 1674
AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS AND MINERALS WITHOUT PHENYLALANINE 1674
AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE 1675
AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS, WITHOUT PHENYLALANINE AND TYROSINE 1675
AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES
.VARIOUS 1667, 1668, 1669, 1675
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN 1676
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE 1676, 1677
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE 1677
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE 1678, 1679
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE 1679
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE, TYROSINE AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID 1679
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE 1679, 1680
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE, ISOLEUCINE AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID 1680
AMINO ACID FORMULA WITH VITAMINS AND MINERALS, LOW PHENYLALANINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID AND ARACHIDONIC ACID 1680
AMINO ACID FORMULA WITH VITAMINS AND MINERALS, WITHOUT METHIONINE AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID 1681

AMINO ACID FORMULA WITH VITAMINS, MINERALS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS WITHOUT PHENYLALANINE 1681
AMINO ACID FORMULA WITHOUT PHENYLALANINE 1681
AMINO ACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE 1681
AMINO ACID SYNTHETIC FORMULA.....1654, 1655, 1656
AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS 1657, 1658
AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES ... 1659, 1660, 1661, 1662, 1663
AMIODARONE 168
Amiodarone Sandoz (SZ) *169*
Amira 150(AF) *1526*, *1527*
Amira 300(AF) *1526*, *1527*
AMISULPRIDE 1505
Amisulpride Sandoz Pharma(HX) *1505*
AMISULPRIDE-WGR (WG) *1505*
AMITRIPTYLINE 1517
Amitriptyline Lupin(GQ) *1517*
Amitriptyline Viatris 10 (AL) *1517*
Amitriptyline Viatris 25 (AL) *1517*
Amitriptyline Viatris 50 (AL) *1517*
AMITRIPTYLINE-WGR(WG) *1517*
Amlo 10(RW) *193*
Amlo 5(RW) *193*
AMLODIPINE 193
AMLODIPINE + ATORVASTATIN 237
AMLODIPINE + VALSARTAN 214, 215
AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE 217
Amlodipine GH (GQ) *193*
Amlodipine Sandoz(SZ) *193*
Amlodipine/Valsartan Novartis 10/160(NM) *214*, *215*
Amlodipine/Valsartan Novartis 10/320(NM) *214*, *215*
Amlodipine/Valsartan Novartis 5/160(NM) *215*
Amlodipine/Valsartan Novartis 5/320(NM) *215*
Amlodipine/Valsartan Novartis 5/80(NM) *215*
Amlodipine/Valsartan/HCT Novartis 10/160/12.5(NM) .. *217*, *218*
Amlodipine/Valsartan/HCT Novartis 10/160/25(NM) *217*, *218*
Amlodipine/Valsartan/HCT Novartis 10/320/25(NM) *217*, *218*
Amlodipine/Valsartan/HCT Novartis 5/160/12.5(NM) *217*, *218*
Amlodipine/Valsartan/HCT Novartis 5/160/25(NM) *217*, *218*
AMLODIPINE-WGR (WG) *193*
AMOROLFINE 1723
AMOXICILLIN 300, 301, 302
AMOXICILLIN + CLAVULANIC ACID 306, 307, 308
AMOXICILLIN/CLAVULANIC ACID-WGR 500/125(WG) *307*, *308*
AMOXICILLIN/CLAVULANIC ACID-WGR 875/125(WG) *306*, *308*
AMOXICILLIN-WGR(WG) *300*, *301*, *302*
Amoxil Forte(AS) *301*
Amoxil(AS) *300*, *301*, *302*
Amoxycillin generichealth 500 (GQ) *300*, *302*
Amoxycillin Sandoz (SZ) *301*
Amoxycillin Sandoz(BG) *301*
Amoxycillin Sandoz(SZ) *300*, *301*, *302*
AmoxyClav generichealth 875/125 (HQ) *306*, *308*
AMPHOTERICIN B 39
Anafranil 25(PB) *1518*
Anamorph(RW) *1421*, *1422*, *1426*, *1427*, *1695*
Anapen 300 (XT) *173*, *1605*
Anapen 500(XT)
.CARDIOVASCULAR SYSTEM *170*
.RESPIRATORY SYSTEM *1602*
Anapen Junior 150 (XT) *172*, *1604*
Anaprox 550(IX) *1394*, *1395*, *1693*
ANASTROZOLE 526
Anastrozole GH(GQ) *526*
Anastrozole Sandoz (SZ) *526*
ANASTROZOLE-WGR(WG) *526*
Andembry(VK) *163*, *164*, *165*
ANDRIGA-10(KT) *529*
Androcur(GH)
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS *523*
.GENITO URINARY SYSTEM AND SEX HORMONES *274*
Androcur-100(GH)
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS *523*
.GENITO URINARY SYSTEM AND SEX HORMONES *274*
AndroForte 5(LX) *264*, *265*
Anoro Ellipta 62.5/25(GK) *1592*, *1593*
Anpec 80(AF) *195*
Antenex 2(AF) *1512*, *1513*, *1706*
Antenex 5(AF) *1512*, *1513*, *1706*
ANTERONE 100(RW)
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS *523*
.GENITO URINARY SYSTEM AND SEX HORMONES *274*
ANTERONE 50 (RW) *274*, *523*
ANTERONE 50(RW)
.GENITO URINARY SYSTEM AND SEX HORMONES *275*
Anthel 125(AF) *1559*
Anthel 250(AF) *1559*
Antroquoril(AL) *243*
Anusol(JT) *1723*
APALUTAMIDE 521, 522
Apidra SoloStar(SW) *101*
Apidra(AV) *101*
APIXABAN 152, 153, 154
APO- Hydroxychloroquine(TX) *1395*
APO- Paracetamol/Codeine 500/30(TX) *1443*, *1445*
APO-Acamprosate(TX) *1554*
APO-Aciclovir (TX) *330*
APO-Aciclovir(TX) *331*
APO-Alendronate(TX) *1399*, *1400*
APO-ALLOPURINOL (TX) *1397*
APO-Amisulpride (TX) *1505*
APO-Amisulpride(TX) *1505*
APO-Amlodipine(TX) *193*
APO-AMOXY/CLAV 500/125(TW) *307*, *308*
APO-AMOXY/CLAV 875/125 (TW) *306*, *308*
APO-Amoxycillin (TX) *300*, *301*, *302*
APO-Amoxycillin and Clavulanic Acid(TX) *306*, *308*
APO-Amoxycillin(TX) *300*, *301*, *302*
APO-Amoxycillin/ Clavulanic Acid 500/125 (TX) *307*, *308*
APO-Anastrozole (TX) *526*
APO-Aripiprazole(TX) *1505*, *1506*
APO-Atomoxetine(TX) *1537*
APO-Atorvastatin(TX) *221*
APO-Azathioprine(TX) *1386*
APO-Azithromycin(TX)
.Repatriation Pharmaceutical Benefits Scheme *1733*
APO-Azithromycin(TX)
.ANTIINFECTIVES FOR SYSTEMIC USE *314*
.SENSORY ORGANS *1608*

APO-Baclofen(TX) *1396*, *1397*
APO-Bicalutamide(TX) *522*
APO-Bisoprolol(TX) *189*
APOC-5FU(TX) *1734*
APO-Candesartan (TX) *205*, *206*
APO-Candesartan HCTZ 16/12.5 (TX) *210*
APO-Candesartan HCTZ 32/12.5 (TX) *210*
APO-Candesartan HCTZ 32/25 (TX) *210*
APO-Carvedilol(TX) *191*, *192*
APO-Cephalexin(TX) *308*, *309*, *310*
APO-Ciclosporin(TX) *1270*
APO-Ciprofloxacin(TX) *319*, *320*
APO-Citalopram(TX) *1519*
APO-Clindamycin(TX) *316*
APO-Clomipramine(TX) *1518*
APO-Clonidine(TX) *180*
APO-Clotrimazole 3 Day Cream(TX) *1728*
APO-Clotrimazole 6 Day Cream(TX) *1729*
APO-Desvenlafaxine MR(TX) *1527*, *1528*
APO-DIMETHYL FUMARATE(XT) *1386*, *1387*
APO-DOMPERIDONE(TX) *66*
APO-Donepezil(TX) *1546*, *1547*
APO-Duloxetine(TX) *1528*, *1529*
APO-Dutasteride(TX) *278*, *1732*, *1733*
APO-Enalapril (TX) *196*, *197*
APO-Eplerenone(TX) *184*, *185*
APO-Escitalopram(TX) *1519*, *1520*, *1521*
APO-Esomeprazole(TY) *41*, *42*, *43*, *44*, *45*, *46*, *47*
APO-Exemestane(TX) *526*, *527*
APO-Ezetimibe(TX) *230*
APO-Ezetimibe/Simvastatin 10/10(TX) *236*
APO-Ezetimibe/Simvastatin 10/20(TX) *236*
APO-Ezetimibe/Simvastatin 10/40(TX) *236*
APO-Ezetimibe/Simvastatin 10/80(TX) *236*, *237*
APO-Famciclovir(TX) *331*, *332*, *333*
APO-Fenofibrate(TX) *225*
APO-Fentanyl(TX) *1439*, *1702*
APO-Finasteride(TX) *1733*
APO-Flecainide(TX) *168*
APO-Fluconazole(TX) *324*
APO-Fluoxetine(TX) *1523*
APO-Fluvoxamine(TX) *1523*, *1524*
APO-Fosinopril(TX) *197*
APO-Frusemide(TX) *183*, *184*
APO-Galantamine MR(TX) *1547*, *1548*
APO-Gliclazide MR(TX) *105*
APOHEALTH Macrogol with Electrolytes(GX) . *87*, *88*, *1692*
APOHEALTH Osteo Relief Paracetamol 665 mg(TX) *1451*, *1705*, *1737*
APOHEALTH Urinary Tract Antibacterial(TX) *323*
APO-Ibuprofen 400(TX) *1393*, *1693*
APO-Imiquimod(TX) *256*, *1728*
APO-Indapamide SR(TX) *182*, *183*
APO-Irbesartan (TX) *207*, *208*
APO-Irbesartan HCTZ (TX) *211*
APO-Isosorbide Mononitrate(TX) *174*
APO-Isotretinoin(TX) *250*
APO-Ivabradine(TX) *176*, *177*
APO-Lansoprazole ODT(TX) *48*, *49*, *50*, *51*
APO-Lansoprazole(TX) *48*, *49*, *50*, *51*
APO-Latanoprost(TX) *1618*, *1619*
APO-Latanoprost/Timolol 0.05/5(TX) *1619*
APO-LEFLUNOMIDE(TX) *1384*, *1385*
APO-Levetiracetam(TX) *1475*, *1476*
APO-Levodopa/Carbidopa(TX) *1486*, *1487*
APO-Levothyroxine(XT) *292*, *293*
APO-Lisinopril(TX) *197*
APO-Lurasidone(TX) *1499*
APO-MACROGOL plus ELECTROLYTES (TX) *87*, *88*, *1692*
APO-Mebeverine(TX) *1717*
APO-Meloxicam(TX) *1392*
APO-Memantine(TX) *1550*, *1551*
APO-Metformin XR 1000(TX) *103*, *104*
APO-Metformin XR 500(TX) *103*, *104*
APO-Metoclopramide(TX) *66*, *1691*
APO-Metoprolol(TX) *190*
Apomine Intermittent(IT) *1490*
Apomine Solution for Infusion(IT) *1489*, *1490*
APO-Modafinil(TX) *1545*
APOMORPHINE 1489, 1490
APO-Moxonidine(TX) *180*, *181*
APO-Mupirocin(TX) *1725*
APO-Mycophenolate(TX) *543*, *544*
APO-Nebivolol(TX) *191*
APO-Nicorandil(TX) *174*, *175*
APO-Nifedipine XR(TX) *194*, *195*
APO-Norfloxacin(TX) *320*
APO-Olanzapine ODT(TX) *1501*, *1502*
APO-OLANZAPINE(TX) *1501*
APO-Olmesartan(TX) *208*
APO-OLMESARTAN/AMLODIPINE 20/5(TY) *215*, *216*
APO-OLMESARTAN/AMLODIPINE 40/10(TY) *216*
APO-OLMESARTAN/AMLODIPINE 40/5(TY) *215*, *216*
APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5(TX) *218*, *219*
APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5(TX) *218*, *219*
APO-Olmesartan/Amlodipine/HCTZ 40/10/25(TX) . *218*, *219*
APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet(TX) *218*, *219*
APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet(TX) *218*, *219*
APO-Olmesartan/HCTZ 20/12.5(TX) *212*
APO-Olmesartan/HCTZ 40/12.5(TX) *212*
APO-Olmesartan/HCTZ 40/25(TX) *212*
APO-Omeprazole(TX) *52*, *53*, *54*, *55*, *56*, *57*
APO-Oxazepam (TX) *1513*, *1514*, *1706*
APO-Pantoprazole(TX) *57*, *58*, *59*, *60*, *61*
APO-Paracetamol(TX) *1450*, *1451*, *1737*
APO-Perindopril Arginine(TX) *198*, *199*
APO-Perindopril Arginine/Amlodipine 10/10(TX) *204*
APO-Perindopril Arginine/Amlodipine 10/5(TX) *204*
APO-Perindopril Arginine/Amlodipine 5/10(TX) *204*, *205*
APO-Perindopril Arginine/Amlodipine 5/5(TX) *204*, *205*
APO-Perindopril(TX) *198*, *199*
APO-Perindopril/Indapamide(TX) *203*
APO-Piroxicam(TX) *1392*, *1393*
APO-Pramipexole(TX) *1492*, *1493*, *1494*
APO-Prazosin(TX) *181*
APO-Pregabalin(TX) *1452*
APO-Prochlorperazine(TX) *71*
APO-Propranolol(TX) *187*, *188*
APO-Quinapril(TX) *199*
APO-Rabeprazole(TX) *62*, *63*, *64*, *65*
APO-Ramipril(TX) *199*, *200*, *201*
APO-Ranitidine(TX) *40*
APO-Risedronate (TX) *1401*, *1402*
APO-Risedronate(TX) *1401*, *1402*, *1735*, *1736*
APO-Risperidone(TX) *1509*, *1510*, *1511*
APO-Rivaroxaban(TX) *155*, *156*, *157*, *158*, *159*, *160*
APO-RIZATRIPTAN ODT(TW) *1453*
APO-ROSUVASTATIN(TX) *222*, *223*
Aporyl(TX) *1723*
APO-Sertraline(TX) *1524*, *1525*, *1526*
APO-Simvastatin(TX) *224*
APO-Sodium Valproate(TX) *1463*, *1464*
APO-Sumatriptan(TX) *1454*
Apo-Tadalafil(TX) *1730*
Apo-Tamsulosin SR(TX) *1732*
APO-Telmisartan HCTZ 40/12.5(TX) *213*
APO-Telmisartan HCTZ 80/12.5(TX) *213*

APO-Telmisartan HCTZ 80/25(TX) *213*
APO-Telmisartan(TX) *208*, *209*
APO-Temazepam(TX) *1515*, *1516*, *1707*
APO-Temozolomide(TX) *342*, *343*
APO-Terbinafine(TX) *239*, *1724*
APO-TERIFLUNOMIDE(TX) *1386*
APO-Topiramate(TX) *1480*, *1481*, *1482*
APO-Tramadol SR(TX) *1450*
APO-Tramadol(TX) *1446*, *1447*, *1448*
APO-Tranexamic Acid(TX) *160*
APO-Ursodeoxycholic acid(TX) *73*
APO-Venlafaxine XR(TX) *1533*, *1534*
APO-Zolmitriptan(TX) *1454*
APO-Zopiclone(TX) *1739*
APREMILAST 542
APREPITANT 69
Aprepitant APOTEX(TX) *70*
APREPITANT SCP (XC) *70*
Aptamil Gold+ Pepti-Junior(NU) *1666*
APX-Amitriptyline (TY) *1517*
APX-Amitriptyline(TY) *1517*
APX-AMLODIPINE (TW) *193*
APX-Amoxicillin/Clavulanic Acid (XT) *307*, *308*
APX-Amoxicillin/Clavulanic Acid(XT) *307*, *308*
APX-Atenolol(TY) *188*
APX-Celecoxib(TW) *1395*
APX-Citalopram (TY) *1519*
APX-Clopidogrel/Aspirin 75/100(TY) *148*
APX-Diazepam (TY) *1512*, *1513*, *1706*
APX-Diazepam(TY) *1512*, *1513*, *1706*
APX-Doxycycline(TX) *297*, *298*, *299*, *300*
APX-Escitalopram (TY) *1519*, *1520*, *1521*
APX-Gabapentin(GX)
.Repatriation Pharmaceutical Benefits Scheme *1737*, *1738*
APX-Gabapentin(GX)
.NERVOUS SYSTEM *1467*, *1468*
APX-GABAPENTIN(TX)
.Repatriation Pharmaceutical Benefits Scheme *1738*
APX-GABAPENTIN(TX)
.NERVOUS SYSTEM *1468*
APX-Gliclazide(TY) *105*
APX-Lamotrigine(TY) *1473*, *1474*
APX-Meloxicam(TY) *1392*
APX-METFORMIN(TY) *103*, *104*
APX-Mirtazapine(TY) *1532*, *1533*
APX-MONTELUKAST(TX) *1606*, *1607*
APX-Olmesartan (TY) *208*
APX-Olmesartan/HCTZ (TY) *212*
APX-Ondansetron ODT(TY) *68*, *69*
APX-Ondansetron(TY) *67*, *68*
APX-PANTOPRAZOLE (TW) *57*, *58*, *59*, *60*, *61*
APX-Paracetamol/Codeine (TY) *1443*, *1445*
APX-Paroxetine(TY) *1524*
APX-Perindopril Arginine (XT) *198*, *199*
APX-Perindopril Arginine/Amlodipine 10/10 (XT) *204*
APX-Perindopril Arginine/Amlodipine 10/5 (XT) *204*
APX-Perindopril Arginine/Amlodipine 5/10 (XT) *204*, *205*
APX-Perindopril Arginine/Amlodipine 5/5 (XT) *204*, *205*
APX-Pravastatin(TY) *222*
APX-Quetiapine XR(TY) *1503*
APX-QUETIAPINE(TX) *1504*
APX-Ramipril (TY) *199*, *200*
APX-Rosuvastatin (TY) *222*, *223*
APX-Roxithromycin(TY) *316*
APX-Sotalol(TY) *169*
APX-Valaciclovir(TY) *335*, *336*
Aquacare H.P.(VE) *1724*
Aquacel 403770(CC) *1757*
Aquacel Ag+ Extra 413567(CC) *1758*
Aquacel Ag+ Extra 413568(CC) *1758*
Aquacel Ag+ Ribbon 413571(CC) *1758*
Aquacel Extra 420672(CC) *1757*
Aquacel Extra 420673(CC) *1757*
Aquacel Foam Adhesive(CC) *1757*
Aquacel Foam Non-Adhesive(CC) *1757*
Aquasun Lotion SPF 18(PF) *1725*
ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID WITH CARBOHYDRATE 1681
Aratac 100(AF) *169*
Aratac 200(AF) *169*
Arava (SW) *1384*, *1385*
Arazil (AF) *1546*, *1547*
ARDIX GLICLAZIDE 60mg MR(XT) *105*
Arginine 2000(VF) *1682*
Arginine 500(VF) *1682*
Arginine 5000(VF) *1682*
ARGININE WITH CARBOHYDRATE 1681
Arianna 1(AF) *526*
Aricept(PF) *1546*, *1547*
Aridon 10(RW) *1546*, *1547*
Aridon 5(RW) *1546*, *1547*
Aridon APN 10 (RF) *1546*, *1547*
Aridon APN 5 (RF) *1546*, *1547*
ARIPENA (RA) *1505*
ARIPIPRAZOLE 1505, 1506
Aripiprazole GH (GQ) *1505*, *1506*
Aripiprazole Sandoz(SZ) *1505*, *1506*
ARIPIPRAZOLE-WGR (WG) *1505*, *1506*
Aristocort 0.02%(AS) *241*
Arixtra(AS) *160*
ARIZOLE(RW) *1505*, *1506*
ARMODAFINIL 1535
Arnuity Ellipta(GK) *1595*
Aromasin(PF) *526*, *527*
Aropax(AS) *1524*
Arrow Pharma Pty Ltd(RW) *329*
Artane(RW) *1483*
ARTEMETHER + LUMEFANTRINE 1558
Arthrexin(AF) *1391*, *1692*
Artige(NM) *1539*
ARX-ABIRATERONE (XT) *528*
ARX-ACICLOVIR (XT) *331*
ARX-ACICLOVIR(XT) *330*
ARX-Colchicine(XT) *1398*
ARX-Dabigatran(XT) *150*, *151*
ARX-Dicloxacillin(XT) *305*
ARX-EZETIMIBE (XT) *230*
ARX-FENOFIBRATE (TY) *225*
ARX-GLIMEPIRIDE(XT) *105*, *106*
ARX-IMATINIB(XT) *365*, *366*, *367*, *368*, *369*, *370*, *371*, *372*, *373*, *376*, *377*, *378*, *379*, *380*, *381*, *382*, *383*, *384*, *385*, *386*, *387*, *388*
ARX-LERCANIDIPINE(TX) *194*
ARX-LETROZOLE(XT) *527*, *528*
ARX-Mercaptopurine(XT) *344*
ARX-Methotrexate(XT)
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS *343*, *344*, *1388*
ARX-MOXONIDINE (TY) *180*, *181*
ARX-MYCOPHENOLATE(XT) *543*, *544*
ARX-NALTREXONE(XT) *1555*
ARX-Nitrofurantoin(XT) *323*
ARX-Oxycodone/Naloxone 10/5(TX) *1437*, *1699*
ARX-Oxycodone/Naloxone 15/7.5(TX) *1437*, *1699*
ARX-Oxycodone/Naloxone 2.5/1.25(TX) *1437*, *1699*
ARX-Oxycodone/Naloxone 20/10(TX) *1437*, *1700*
ARX-Oxycodone/Naloxone 30/15(TX) *1437*, *1699*
ARX-Oxycodone/Naloxone 40/20(TX) *1437*, *1700*
ARX-Oxycodone/Naloxone 5/2.5(TX) *1437*, *1700*

ARX-Oxycodone/Naloxone 60/30(TX) *1437*, *1699*
ARX-Oxycodone/Naloxone 80/40(TX) *1437*, *1699*
ARX-PIOGLITAZONE (XT) *118*
ARX-PIOGLITAZONE(XT) *118*
ARX-Pirfenidone(XW) *1389*, *1390*
ARX-Rivaroxaban 10 (XT) *155*, *156*
ARX-Rivaroxaban 15 (XT) *157*, *158*
ARX-Rivaroxaban 20 (XT) *159*, *160*
ARX-Safinamide(XT) *1496*
ARX-SEVELAMER(XT) *1650*, *1651*
ARX-Sunitinib(XT) *479*, *480*, *481*, *482*
ARX-Telmisartan/Amlodipine(XT) *216*, *217*
ARX-TICAGRELOR(XT) *149*
ARX-URSODEOXYCHOLIC ACID(XT) *73*
ARX-Vildagliptin/Metformin 50/1000(XT) *117*
ARX-Vildagliptin/Metformin 50/500(XT) *117*
ARX-Vildagliptin/Metformin 50/850(XT) *117*
ARZESTRA(LJ) *275*
Asacol(EU) *94*, *96*
ASCIMINIB 350, 351
ASENAPINE 1500
Asmol CFC-Free with dose counter(AF) *32*, *1562*
Aspalgin 40(GO) *1736*
Aspecillin VK(AF) *303*, *304*, *305*
Aspen Methadone Syrup(AS)
.Palliative Care *1703*
Aspen Pharmacare Australia Pty Ltd(AS)
.NERVOUS SYSTEM *1415*, *1416*, *1538*
ASPIRIN 147, 1722
ASPIRIN + CODEINE 1736
Astrix(YN) *1722*
Atacand Plus 16/12.5(LM) *210*
Atacand Plus 32/12.5(LM) *210*
Atacand Plus 32/25(LM) *210*, *211*
Atacand(LM) *206*
Ataris 10(AF) *1384*, *1385*
Ataris 20(AF) *1384*, *1385*
Atectura Breezhaler(NV) *1583*
ATENOLOL 188
Atenolol GH (GQ) *188*
Atenolol Sandoz(SZ) *188*
Atenolol-AFT(AE) *188*
ATENOLOL-WGR (WG) *188*
ATEZOLIZUMAB 489, 490, 491
ATOMED (DZ) *221*
ATOMOXETINE 1536
Atomoxetine Sandoz (SZ) *1537*
Atorvachol(RF) *221*
ATORVASTATIN 221
Atorvastatin SZ (HX) *221*
ATORVASTATIN-WGR(WG) *221*, *222*
ATOVACUE(JM) *1558*
ATOVAQUONE 1558
ATOVAQUONE + PROGUANIL 1558
AtovaquoPro Lupin 250/100(GQ) *1558*
Atozet(AF) *235*
Atrauman 499513(HR) *1760*
Atrauman Ag 499572(HR) *1763*
Atrauman Ag 499573(HR) *1763*
Atrauman Silicone 499561(HR) *1762*
Atropine Injection (Bridgewest)(WZ) *28*, *65*
ATROPINE SULFATE
.ALIMENTARY TRACT AND METABOLISM 65
.Prescriber Bag 28
.SENSORY ORGANS 1620
Atropt(AS) *1620*
Atrovent Adult(BY) *1597*
Atrovent(BY) *1597*
ATTORA LA(XT) *1540*, *1542*, *1543*, *1544*
Augmentin Duo 400(AS) *307*
Augmentin Duo forte(AS) *307*, *308*
Augmentin Duo(AS) *307*, *308*
Augtyro(BQ) *476*
AURANOFIN 1395
Aurorix 300 mg(GO) *1526*, *1527*
Aurorix(GO) *1526*, *1527*
Ausfam 20(RW) *39*
Ausfam 40(RW) *39*, *40*
Ausgem(RW) *225*
AVACOPAN 1381
AVANAFIL 1729
Avanza(AL) *1532*, *1533*
Avapro HCT 150/12.5(AV) *211*
Avapro HCT 300/12.5(AV) *211*
Avapro HCT 300/25(AV) *211*, *212*
Avapro(AV) *207*, *208*
AVLOIRE(VQ) *1460*, *1461*
Avodart(GK) *278*, *1732*, *1733*
AVSARTAN HCT 150/12.5(RF) *211*
AVSARTAN HCT 300/12.5(RF) *211*
AVSARTAN HCT 300/25(RF) *211*
AVSARTAN(RF) *207*, *208*
A-WON Calcium 600(WN) *1720*, *1721*
A-WON DIARRHOEA RELIEF CAPSULES(WN) *1719*
A-WON Magnesium(WN) *1721*
Axhidrox(KT) *250*
Axit 15 (AF) *1532*
Axit 30 (AF) *1532*, *1533*
Axit 45 (AF) *1532*, *1533*
AXITINIB 445
Axotide Accuhaler(TX) *1595*, *1596*
Axotide Junior Accuhaler(TX) *1595*, *1596*
Axotide Junior(TX) *1595*, *1596*
Axotide(TX) *1595*, *1596*
AZACITIDINE 344, 345
Azapin (RW) *1386*
Azarga(NV) *1615*
AZATHIOPRINE 1386
Azathioprine Sandoz (SZ) *1386*
Azathioprine Sandoz(SZ) *1386*
AZATHIOPRINE-WGR (WG) *1386*
AZATHIOPRINE-WGR(WG) *1386*
Azilect(TB) *1495*, *1496*
AZITHROMYCIN
.ANTIINFECTIVES FOR SYSTEMIC USE 314
.Repatriation Pharmaceutical Benefits Scheme 1733
.SENSORY ORGANS 1607
Azithromycin Mylan (AF) *1733*
Azithromycin Sandoz (SZ) *314*, *1608*
Azithromycin Sandoz(SZ)
.Repatriation Pharmaceutical Benefits Scheme *1733*
Azithromycin Viatris (AL)
.Repatriation Pharmaceutical Benefits Scheme *1733*
Azithromycin Viatris(AL)
.ANTIINFECTIVES FOR SYSTEMIC USE *314*
.SENSORY ORGANS *1608*
AZITHROMYCIN-WGR (WG)
.ANTIINFECTIVES FOR SYSTEMIC USE *314*
.SENSORY ORGANS *1608*
Azithromycin-WGR(WG) *1733*
Azopt(NV) *1614*
BACLOFEN 1396
Bactigras 7457(SN) *1753*
Bactrim DS(XO) *314*
Bactroban(GK)
.Repatriation Pharmaceutical Benefits Scheme *1725*, *1726*
Bactroban(GK)
.RESPIRATORY SYSTEM *1561*
BALSALAZIDE 94

BANDAGE ABSORBENT WOOL 1741
BANDAGE CALICO 1741
BANDAGE COMPRESSION 1741, 1742
BANDAGE RETENTION COHESIVE HEAVY 1743
BANDAGE RETENTION COHESIVE LIGHT 1743
BANDAGE RETENTION COTTON CREPE 1743
BANDAGE TUBULAR 1743, 1744
BANDAGE TUBULAR FINGER 1744
BANDAGE TUBULAR LIGHT WEIGHT 1744
BANDAGE TUBULAR LONG STOCKING 1744
BANDAGE TUBULAR SHORT STOCKING 1745
BANDAGE ZINC PASTE 1745
BARICITINIB 1284, 1286, 1288
basecal 200(VF) *1682*
Baxter Healthcare Pty Ltd(BX) *1723*
BECLOMETASONE 1593
BECLOMETASONE + FORMOTEROL 1564, 1565
BECLOMETASONE + FORMOTEROL + GLYCOPYRRONIUM 1584, 1585, 1586
Bella(GQ) *259*
BELZUTIFAN 509
Bemfola(FX) *272*, *273*
BEMOTRIZINOL + DIETHYLAMINO HYDROXYBENZOYL HEXYL BENZOATE + HOMOSALATE + OCTOCRYLENE + TITANIUM DIOXIDE 1725
BenPen(SZ) *28*, *303*
BENZATHINE BENZYLPENICILLIN 28, 302
BENZATROPINE 28, 1483
Benzatropine Injection(FF) *28*, *1483*
Benztrop(FF) *1483*
BENZYDAMINE 39, 1691
BENZYLPENICILLIN 28, 303
Benzylpenicillin benzathine (Brancaster Pharma, UK)(QY) *28*, *303*
Beovu(NV) *1630*
Betadine Antiseptic Liquid(IL) *1726*
Betaferon(BN) *530*
BETAINE 136
BETAINE + POLYAMINOPROPYL BIGUANIDE 1745
Betaloc(AP) *190*
BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE 284, 285
BETAMETHASONE DIPROPIONATE 241, 242
BETAMETHASONE VALERATE 243, 244, 1726
Betavit(PP) *134*, *135*, *1720*
Betnovate 1/2(AS) *243*, *244*
Betnovate 1/5(AS) *243*
Betnovate(AS) *1726*
Bi ELIGARD CP(MF) *519*
Biatain Adhesive 3420(CT) *1755*
Biatain Adhesive 3423(CT) *1755*
Biatain Ag 9622(CT) *1763*
Biatain Ag 9632(CT) *1763*
Biatain Non-adhesive 3410(CT) *1755*
Biatain Non-adhesive 3413(CT) *1755*
Bicalox (ZS) *522*
BICALUTAMIDE 522
BICARBONATE 276
BICARBONATE + CITRIC ACID + TARTARIC ACID 1730
Bicard 10 (RW) *189*
Bicard 2.5 (RW) *189*
Bicard 5 (RW) *189*
Bicillin L-A(PF) *28*, *302*, *303*
Bicor(AL) *189*
BIMATOPROST 1617
BIMATOPROST + TIMOLOL 1618
Bimatoprost Sandoz(SZ) *1617*
BIMATOPROST-WGR (WG) *1617*
BIMEKIZUMAB 1034, 1035, 1037, 1039, 1041, 1043, 1045, 1048, 1052, 1056, 1060
Bimprozt(TY) *1617*
Bimzelx(UC) *1035*, *1037*, *1039*, *1041*, *1042*, *1043*, *1045*, *1048*, *1052*, *1056*, *1060*, *1066*
BINIMETINIB 421
BISACODYL 83, 84, 85, 1717, 1718
BISOPROLOL 188, 189
Bisoprolol generichealth(GQ) *189*
Bisoprolol Sandoz (SZ) *189*
BISOPROLOL-WGR(WG) *189*
Bispro 10 (AF) *189*
Bispro 2.5 (AF) *189*
Bispro 5 (AF) *189*
BIVALIRUDIN 150
BIVALIRUDIN ARX(XT) *150*
BIVALIRUDIN MEDSURGE (DZ) *150*
Blooms Amlodipine(BG) *193*
Blooms Celecoxib (BG) *1395*
Blooms Clopidogrel(BG) *147*, *148*
Blooms Escitalopram(BG) *1519*, *1520*, *1521*
Blooms Irbesartan (BG) *207*, *208*
Blooms Metformin XR (BG) *103*, *104*
Blooms Rosuvastatin(BG) *222*, *223*
Blooms The Chemist Amoxicillin(BG) *300*, *302*
Blooms The Chemist Amoxicillin/Clavulanic Acid 875/125 (BG) *307*, *308*
Blooms The Chemist Atenolol(BG) *188*
Blooms The Chemist Cefalexin (BG) *308*, *309*, *310*
Blooms The Chemist Doxycycline(BG) *297*, *298*, *299*
Blooms The Chemist Duloxetine (BG) *1528*, *1529*
Blooms the Chemist Fluoxetine (BG) *1523*
Blooms The Chemist Metformin 1000 mg (BG) *103*, *104*
Blooms The Chemist Metformin 500 mg (BG) *103*, *104*
Blooms The Chemist Metformin 850 mg (BG) *104*
Blooms The Chemist Mirtazapine(BG) *1532*, *1533*
Blooms The Chemist Olmesartan(BG) *208*
Blooms The Chemist Paroxetine (BG) *1524*
Blooms The Chemist Quetiapine (BG) *1504*
Blooms The Chemist Sertraline (BG) *1524*, *1525*, *1526*
Blooms The Chemist Sitagliptin/Metformin 50/1000(BG) *115*, *116*
Blooms The Chemist Sitagliptin/Metformin 50/500(BG) *115*, *116*
Blooms The Chemist Sitagliptin/Metformin 50/850(BG) *115*, *116*
Bondronat(IX) *1400*
B-Patch(IU) *1442*, *1704*
Braftovi(FB) *414*, *415*
Braltus(TB) *1600*
Brenzys(OQ) . *859*, *865*, *867*, *872*, *874*, *885*, *895*, *898*, *911*, *921*, *924*, *937*, *941*, *949*, *968*
Breo Ellipta 100/25(GK) *1577*
Breo Ellipta 200/25(GK) *1576*
Bretaris Genuair(FK) *1596*
Brevactid 1500 I.E(DZ) *274*
BREXPIPRAZOLE 1506
Breztri Aerosphere(AP) *1587*
Bricanyl Turbuhaler(AP) *1564*
Bricanyl(AP) *1605*
BRIGATINIB 417
Brilinta (AP) *149*
Brimica Genuair(FK) *1584*
BRIMONIDINE 1612
BRIMONIDINE + TIMOLOL 1612, 1613
BRINZOLAMIDE 1614
BRINZOLAMIDE + BRIMONIDINE 1614, 1615
BRINZOLAMIDE + TIMOLOL 1615
BrinzoQuin(NM) *1614*
BRIVARACETAM 1465, 1466
Briviact(UC) *1465*, *1466*
BROLUCIZUMAB 1629

BROMAZEPAM 1738
BROMOCRIPTINE
.GENITO URINARY SYSTEM AND SEX HORMONES 257
.NERVOUS SYSTEM 1490, 1491
Brooke (HJ) *259*
Brooklynn(HJ) *259*
Brufen(GO) *1393*, *1693*
Brukinsa(IE) *453*, *454*, *455*
BSN 2902165(BV) *1763*
BTC Atorvastatin (BG) *221*, *222*
BTC Candesartan HCT(BG) *210*
BTC Candesartan(BG) *205*, *206*
BTC Desvenlafaxine(BG) *1527*, *1528*
BTC Ezetimibe(BG) *230*
BTC Fenofibrate(BG) *225*
BTC Pantoprazole(BG) *57*, *58*, *59*, *60*, *61*
BTC Pregabalin (BG) *1452*
BTC Tamsulosin SR (BG) *1732*
BTC Venlafaxine XR (BG) *1533*, *1534*
Budenofalk(FD) *91*
BUDESONIDE
.ALIMENTARY TRACT AND METABOLISM ... 91, 92, 93
.RESPIRATORY SYSTEM 1593, 1594
BUDESONIDE + FORMOTEROL .. 1565, 1566, 1567, 1568, 1569, 1570, 1571, 1572, 1573, 1574, 1575
BUDESONIDE + GLYCOPYRRONIUM + FORMOTEROL 1587
Bufomix Easyhaler 200/6(OX) *1566*, *1568*, *1571*
Bufomix EASYHALER 200/6(OX) .. *1567*, *1568*, *1569*, *1572*, *1573*
Bufomix Easyhaler 400/12(OX) *1575*, *1576*
Bupredermal (TX) *1442*, *1704*
Bupredermal(TX) *1442*, *1704*
BUPRENORPHINE
.NERVOUS SYSTEM 1441
.Palliative Care 1704
Buprenorphine Sandoz (SZ) *1442*, *1704*
Buprenorphine Sandoz(SZ) *1442*, *1704*
BUPROPION 1552
Buscopan(VZ) *30*, *1691*, *1717*
BUSULFAN 342
Bylvay(IS) *76*, *77*, *78*, *79*, *80*, *81*, *83*
Cabaser(PF) *1492*
CABERGOLINE
.GENITO URINARY SYSTEM AND SEX HORMONES 258
.NERVOUS SYSTEM 1491, 1492
Cabometyx(IS) *457*, *458*, *459*, *460*
CABOZANTINIB 457, 458, 459, 460
CADEXOMER-IODINE 1745
Cadivast 10/10(AF) *237*
Cadivast 10/20(AF) *237*
Cadivast 10/40(AF) *237*
Cadivast 10/80(AF) *237*
Cadivast 5/10(AF) *237*, *238*
Cadivast 5/20(AF) *237*, *238*
Cadivast 5/40(AF) *237*, *238*
Cadivast 5/80(AF) *237*, *238*
Caduet 10/10 (AS) *237*
Caduet 10/20 (AS) *237*
Caduet 10/40 (AS) *237*
Caduet 10/80 (AS) *237*
Caduet 5/40(AS) *237*, *238*
Caduet 5/80 (AS) *237*, *238*
Cal-500(PP) *135*, *1720*, *1721*
CAL-600(PP) *1720*, *1721*
Cal-care 600 mg (CR) *1720*, *1721*
CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE 239, 240
Calcipotriol/Betamethasone Sandoz 50/500(SZ) *240*
Calciprox(ZS)
.ALIMENTARY TRACT AND METABOLISM *134*
.MUSCULO-SKELETAL SYSTEM *1406*
Calci-Tab 600(AE) *135*
CALCITONIN SALMON 296
CALCITRIOL
.ALIMENTARY TRACT AND METABOLISM 133, 134
.MUSCULO-SKELETAL SYSTEM 1405, 1406
CALCIUM 135, 1720, 1721
Calindamin (RW) *316*
CALITROL (XT) *134*, *1406*
CALQUENCE(AP) *447*, *448*, *449*, *450*
Calutex(AS) *522*
Camino Pro Bettermilk(QH) *1684*
Camino Pro Complete(QH) *1684*
Campral (AF) *1554*
Camzyos(BQ) *177*, *178*, *179*
CANDESAN (RF) *205*, *206*
CANDESAN COMBI 16/12.5 (RF) *210*
CANDESAN COMBI 32/12.5 (RF) *210*
CANDESAN COMBI 32/25 (RF) *210*
CANDESARTAN 205, 206
CANDESARTAN + HYDROCHLOROTHIAZIDE 210
CANDESARTAN HCTZ-WGR 16/12.5 (WG) *210*
CANDESARTAN HCTZ-WGR 32/12.5 (WG) *210*
CANDESARTAN HCTZ-WGR 32/25 (WG) *210*, *211*
Candesartan Sandoz(SZ) *206*
Candesartan/HCT Sandoz(SZ) *210*, *211*
CANDESARTAN-WGR (WG) *206*
CANNABIDIOL 1466
CAPECITABINE 346
CAPIVASERTIB 461
Capoten(RW) *196*
CAPTOPRIL 196
CARBAMAZEPINE 1460, 1461
CARBAMIDE PEROXIDE 1740
CARBIMAZOLE 294
CarboFLEX 403202(CC) *1746*
CarboFLEX 403204(CC) *1746*
Carbohydrate Free Mixture(SB) *1687*
CARBOHYDRATE, FAT, VITAMINS, MINERALS AND TRACE ELEMENTS 1682
CARBOHYDRATES, FAT, VITAMINS, MINERALS, TRACE ELEMENTS AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID 1682
CARBOMER-980 ..... 1639, 1640
Cardasa(AF) *1722*
Cardiprin 100(RC) *1722*
Cardizem CD(SW) *195*, *196*
Cardizem(SW) *195*, *196*
Cardol (AF) *169*
CARIPRAZINE 1506
Carlevent(TX) *1487*, *1488*, *1489*
CARMELLOSE SODIUM 1640
CARMUSTINE 342
Cartia(AS) *1722*
CARVEDILOL 191, 192
Carvedilol Sandoz (SZ) *191*, *192*
CARVEDILOL-WGR(WG) *191*, *192*
Carvidol (RF) *191*, *192*
Catapres 100 (IX) *180*
Catapres(IX) *180*
Cationorm(CS) *1644*
Caverject Impulse(PF) *1729*
Cavicare 4563(SN) *1750*
Cavstat (AF) *222*, *223*
Ceclor CD(AL) *311*
Ceclor(AL) *311*

CEFACLOR 311
Cefaclor SUN(RA) *311*
CEFALEXIN 308, 309, 310
Cefalexin Sandoz(SZ) *308*, *309*, *310*
Cefalexin Viatris (AL) *308*, *310*
CEFAZOLIN 310, 311
Cefazolin-AFT(AE) *310*, *311*
CEFTRIAXONE 29, 312, 313
Ceftriaxone Viatris(AL) *29*, *312*, *313*
Ceftriaxone-AFT(AE) *312*
CEFUROXIME 311
Celapram (AF) *1519*
Celapram(AF) *1518*, *1519*
Celaxib(AF) *1395*
Celebrex (GO) *1395*
CELECOXIB 1395
Celecoxib GH(GQ) *1395*
Celecoxib Sandoz (SZ) *1395*
CELECOXIB-WGR(WG) *1395*
Celestone Chronodose(OQ) *285*
Celestone-M(AF) *243*
Celexi (RW) *1395*
CellCept(RO) *543*, *544*
Cephalex 500 (CR) *308*, *309*, *310*
Cephalexin generichealth(GQ) *308*, *309*, *310*
CEPHALEXIN-WGR (WG) *308*, *309*, *310*
Cephazolin Viatris(AL) *310*, *311*
Ceptolate (AF) *543*, *544*
Cequa(RA) *1642*
CERITINIB 418
Certican(NV) *1380*
CERTOLIZUMAB PEGOL 829, 830, 831, 832, 834, 836, 837, 839, 841, 844, 848, 851, 854
Cerumol(UN) *1740*
CETIRIZINE 1740
C-Flox 250 (AL) *320*
C-Flox 500 (AL) *319*
C-Flox 750 (AL) *319*
Chemists' Own Constipation Relief with electrolytes(OW)87, *88*, *1692*
Chemists' Own Laxative with Senna(RW) *1718*
Chemists' Own Osteo Relief Paracetamol (RF) 1451, *1705*, *1737*
Chemists' Own Urinary Tract Antibacterial (RW) *323*
Chexate (OX) *343*, *344*, *1388*
Chexate(OX)
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS *343*, *1387*
CHLORAMBUCIL 341
CHLORAMPHENICOL 1608, 1740
CHLORHEXIDINE 1717
CHLORMETHINE 341
CHLORPROMAZINE 29, 1498
Chlorsig(AS) *1608*, *1740*
CHLORTALIDONE 182
Chlorvescent(AS) *136*
Cholstat 10(AF) *222*
Cholstat 20 (AF) *222*
Cholstat 40 (AF) *222*
CHORIOGONADOTROPIN ALFA 272
Cialis (LY) *1730*
CICLESONIDE 1594
CICLOSPORIN
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 1269, 1270
.SENSORY ORGANS 1641
CICLOSPORIN-WGR (WG) *1270*
Cidala(RW) *1730*
Cilamox (AL) *300*, *302*
Cilatil (AF) *1730*
Cilicaine V(AF) *304*
Cilicaine VK(AF) *303*, *304*
Cilopam-S (ZS) *1519*, *1520*
CiloQuin(NM) *1608*
Ciloxan(NV)
.SENSORY ORGANS *1608*, *1647*
Cimzia(UC) *830*, *831*, *832*, *834*, *835*, *836*, *837*, *839*, *841*, *844*, *848*, *851*, *854*, *857*
CINACALCET 296
Cinacalcet Viatris(AL) *297*
Cipla Beclometasone/Formoterol 100/6(LR) *1564*, *1565*
Cipla Beclometasone/Formoterol 200/6(LR) *1565*
Cipla Budesonide + Formoterol 200/6(LR)1568, *1570*, *1574*
Cipla Gefitinib(LR) *409*
Cipla Icatibant(LR) *165*
Cipla Ipratropium (LR) *1597*
CIPLA MELOXICAM 15 (LR) *1392*
CIPLA MELOXICAM 7.5 (LR) *1392*
Cipla Tadalafil(LR) *1730*
CIPLA TENOFOVIR + EMTRICITABINE 300/200(LR) ..*340*, *341*
Cipramil(LU) *1519*
CIPROFLOXACIN
.ANTIINFECTIVES FOR SYSTEMIC USE 319, 320
.SENSORY ORGANS 1608, 1647
Ciprofloxacin Sandoz(SZ) *319*, *320*
CIPROFLOXACIN-WGR (WG) *319*, *320*
Ciprol 250(RW) *320*
Ciprol 500(RW) *319*
Ciprol 750(RW) *320*
CITALOPRAM 1518, 1519
Citalopram Sandoz (SZ) *1519*
Citalopram Sandoz(SZ) *1519*
CITALOPRAM-WGR (WG) *1518*, *1519*
CITALOPRAM-WGR(WG) *1519*
CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL 88, 1692, 1718
CITRULLINE 1682
Citrulline 1000(VF) *1682*
Citrulline Easy(OH) *1682*
CITRULLINE WITH CARBOHYDRATE 1682
CLADRIBINE
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 542
CLADRITAB(JG) *543*
Claratyne(BN) *1740*
Clarithro 250(RW) *315*
CLARITHROMYCIN 315
Clarithromycin Sandoz (SZ) *315*
Clexane Forte Safety-Lock(AV) *146*
Clexane Safety-Lock(AV) *146*, *147*
CLINDAMYCIN 316
Clindamycin LU(XT) *316*
CLINDAMYCIN-WGR (WG) *316*
Clindamyk(AF) *316*
Clobemix (XT) *1526*, *1527*
CLOBETASOL 248, 249
Clobex(GA) *248*
Clofen 10 (AF) *1396*, *1397*
Clofen 25 (AF) *1396*, *1397*
Clomid(VJ) *274*
CLOMIFENE 274
CLOMIPRAMINE 1517
CLOMIPRAMINE-WGR (WG) *1518*
Clonac 25(RW) *1391*
Clonac 50(RW) *1391*
CLONAZEPAM 29, 1459, 1705
Clonea 3 Day Cream (AF) *1728*
Clonea 6 Day Cream(AF) *1729*
Clonea(AF) *1723*

CLONIDINE 180
Clonidine Lupin(GQ) *180*
CLOPIDOGREL 147, 148
CLOPIDOGREL + ASPIRIN 148
Clopidogrel Lupin (GQ) *147*, *148*
Clopidogrel Sandoz Pharma(HX) *147*, *148*
Clopidogrel Tablets, USP 75 mg (Aurobindo, USA)(LM) *147*, *148*
Clopidogrel Tablets, USP 75 mg (Novadoz, USA)(KQ) . *148*
Clopidogrel Winthrop (WA) *147*, *148*
CLOPIDOGREL-WGR(WG) *147*, *148*
Clopixol Depot(LU) *1500*
CLOTRIMAZOLE
.Repatriation Pharmaceutical Benefits Scheme 1723, 1728
Clovix 75 (RW) *147*, *148*
COAL TAR SOLUTION + PHENOL + PRECIPITATED SULFUR 1725
COAL TAR SOLUTION + SALICYLIC ACID 1727
Cobal-B12(JU) *162*
Coban 1584(MM) *1743*
Coban 2(MM) *1742*
COBIMETINIB 421
Codalgin Forte(AF) *1443*, *1445*
Codapane Forte 500/30 (AL) *1443*, *1445*
CODEINE 1414, 1415
Co-Diovan 160/12.5(NV) *213*, *214*
Co-Diovan 160/25(NV) *214*
Co-Diovan 320/12.5(NV) *214*
Co-Diovan 320/25(NV) *214*
Co-Diovan 80/12.5(NV) *214*
Colazide(PK) *94*
COLCHICINE 1398
COLCHICINE-WGR (WG) *1398*
Colcine(CR) *1398*
Colese (AF) *1717*
COLESTYRAMINE 226
Colgout(AS) *1398*
Colofac(GO) *1717*
Coloxyl 50(AS) *1717*
Coloxyl with Senna (LN) *1718*
Combigan(VE) *1613*
Comfarol Forte(SZ) *1443*, *1445*
Comfeel Plus Pressure Relieving 3350(CT) *1757*
Comfeel Plus Pressure Relieving 3353(CT) *1757*
Comfeel Plus Transparent 3530(CT) *1756*
Comfeel Plus Transparent 3533(CT) *1756*
Comfeel Plus Transparent 3536(CT) *1756*
Comfeel Plus Ulcer Dressing 3110(CT) *1757*
Comfeel Purilon Gel 3900(CT) *1759*
Comfeel SeaSorb Dressing 3705(CT) *1747*
Comfeel SeaSorb Dressing 3710(CT) *1747*
Comfeel SeaSorb Filler 3740(CT) *1746*
COMOX(DZ) *307*, *308*
Comprilan 01027-00(BV) *1742*
Comtan(SZ) *1497*
Concerta (Switzerland)(DZ) *1539*, *1541*
Concerta(JC) *1539*, *1541*, *1542*
Copaxone(TB) *532*
Coralan (SE) *176*, *177*
Cordarone X 100 (SW) *169*
Cordarone X 200 (SW) *169*
Cordilox 180 SR(GT) *195*
Cordilox SR(GT) *195*
CORORA(XW) *1408*
Cortate(AS) *285*
Cortic-DS 1%(AS) *1726*
Cortic-DS 1%(LN) *241*
CORTISONE 285
Cortival 1/2(LN) *243*, *244*
Cortival 1/5(LN) *243*
Cosamide 50 (AF) *522*
Cosdor(AF) *1616*
Co-Senna(PP) *1718*
Cosentyx(NV) .. *1117*, *1118*, *1119*, *1121*, *1123*, *1124*, *1126*, *1128*, *1130*, *1133*, *1135*, *1136*, *1139*, *1142*, *1145*, *1149*, *1155*
Cosopt(MF) *1616*
Cosudex(AP) *522*
Cotellic(RO) *421*, *422*
Coumadin(GO) *145*, *146*
Coveram 10/10(SE) *204*
Coveram 10/5(SE) *204*
Coveram 5/10(SE) *204*, *205*
Coveram 5/5(SE) *204*, *205*
Coversyl 10mg(SE) *198*, *199*
Coversyl 2.5mg(SE) *198*, *199*
Coversyl 5mg(SE) *198*
Coversyl Plus 5mg/1.25mg(SE) *203*
Coversyl Plus LD 2.5mg/0.625mg(SE) *202*, *203*
Creon 10,000(GO) *100*
Creon 25,000(GO) *100*
Creon 35,000(GO) *100*
Creon Micro(GO) *100*
Crestor(FK) *223*, *224*
CRIZOTINIB 418, 419
Crosuva 10(RW) *222*, *223*
Crosuva 20(RW) *223*
Crosuva 40(RW) *223*
Crosuva 5(RW) *223*
Crysanal(IY) *1394*, *1395*, *1693*
Cubitan(SB) *1741*
Curam Duo 500/125 (SZ) *307*, *308*
Curam Duo Forte 875/125 (SZ) *307*, *308*
Curam Duo(SZ) *307*
Curam(SZ) *307*
Curity 4112(KE) *1753*
Cutifilm Plus 36361370(SN) *1749*
Cutifilm Plus 36361371(SN) *1749*
Cutilin Non-Stick Wound Pad 36361374(SN) *1761*
Cutilin Non-Stick Wound Pad 36361375(SN) *1760*
Cutinova Hydro 66047441(SN) *1756*
Cutinova Hydro 66047443(SN) *1756*
Cyclonex(GH) *342*
CYCLOPHOSPHAMIDE 342
Cyklokapron(PF) *160*
CYPROTERONE
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 523
.GENITO URINARY SYSTEM AND SEX HORMONES 274, 275
Cyproterone Sandoz (HX) *274*, *523*
Cyproterone Sandoz (HX)
.GENITO URINARY SYSTEM AND SEX HORMONES *275*
Cyproterone Sandoz (HX)
.GENITO URINARY SYSTEM AND SEX HORMONES *275*
Cyproterone Sandoz(HX)
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS *523*
.GENITO URINARY SYSTEM AND SEX HORMONES *274*
Cystadane(RJ) *136*
DABIGATRAN 150, 151
Dabigatran Sandoz (SZ) *150*, *151*
Dabigatran Viatris (AF) *150*
Dabigatran Viatris(AF) *150*, *151*
DABRAFENIB 410, 411, 412, 413
Daivobet (LO) *240*

Daktarin Tincture(JT) *238*
Daktarin(JT) *238*
Dalacin C (PF) *316*
Dantrium(PF) *1397*
DANTROLENE 1397
Daonil(SW) *104*, *105*
DAPAGLIFLOZIN 126, 127, 128, 129
DAPAGLIFLOZIN + METFORMIN..... 107, 108
DAPAGLIFLOZIN + SITAGLIPTIN..... 109
Dapa-Tabs(AF) *183*
DAPSOMED(DZ)
.ANTIINFECTIVES FOR SYSTEMIC USE..... *329*
.DERMATOLOGICALS *255*, *256*
DAPSONE
.ANTIINFECTIVES FOR SYSTEMIC USE..... 329
.DERMATOLOGICALS 255
DARATUMUMAB.....483, 484, 485, 486, 487
DAROLUTAMIDE 523
Darzalex SC(JC).....*483*, *484*, *485*, *486*, *487*, *488*
DASATINIB.....353, 354, 356, 358, 359, 361, 363
Dasatinib ARX(XT) 354, *355*, *356*, *357*, *359*, *360*, *362*, *364*, *365*
Dasatinib Dr.Reddy's (RI)354, *355*, *356*, *357*, *359*, *360*, *362*, *364*, *365*
Dasatinib Sandoz(SZ)....354, *355*, *356*, *357*, *359*, *360*, *362*, *364*, *365*
Dasatinib SUN (RA)354, *355*, *356*, *357*, *359*, *360*, *362*, *364*, *365*
Dasatinib Viatris (AL).....*354*, *355*, *356*, *357*, *359*, *360*, *362*, *364*, *365*
DASATINIB-TEVA(TB) ..*354*, *355*, *356*, *357*, *359*, *360*, *362*, *364*, *365*
DBL Heparin Sodium(PF) *147*
DBL Leucovorin Calcium(PF) *1652*
DBL Methotrexate(PF)..... *343*, *344*
Debrisoft Lolly(LC) *1763*
Debrisoft(LC) *1763*
DECITABINE + CEDAZURIDINE 346, 347, 348
DEGARELIX 530
DENOSUMAB.....1406, 1407, 1408
Depo-Medrol(PF) *287*
Depo-Nisolone (FZ) *287*
Depo-Provera(PF) *261*
Deralin 10(AF) *187*, *188*
Deralin 40(AF) *188*
Dermatane (ZS) *250*
Dermatane(ZS) *250*
Desfax (AF)..... *1527*, *1528*
Desmomed(DZ) *279*, *282*
DESMOPRESSIN.....278, 279, 280, 281, 282
Desmopressin ADVZ(BZ) *280*, *281*, *282*
DESVEN(RW)..... *1527*, *1528*
DESVENLAFAXINE..... 1527, 1528
Desvenlafaxine GH XR (GQ)..... *1527*, *1528*
Desvenlafaxine Sandoz (SZ)..... *1527*, *1528*
Desvenlafaxine Sandoz Pharma(HX) *1527*, *1528*
Desvenlafaxine Viatris (AL)..... *1527*, *1528*
DESVENLAFAXINE-WGR XR(WG) *1527*, *1528*
DEUCRAVACITINIB 1292
DEXAMETHASONE
.SENSORY ORGANS 1609, 1610, 1611
.SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS 286
DEXAMFETAMINE..... 1537
Dexmethsone(AS) *286*
DEXTRAN-70 + HYPROMELLOSE..... 1642
Diabex 1000(AL)..... *103*, *104*
Diabex 850(AL)..... *104*
Diabex XR 1000(AL)..... *103*, *104*
Diabex XR 500(AL)..... *103*, *104*
Diabex(AL) *103*, *104*
Diacomit(EU).....*1479*
Diaformin 1000(AF) *103*, *104*
Diaformin 850(AF) *104*
Diaformin Alphapharm XR(MQ).....*103*, *104*
Diaformin Viatris (MQ).....*103*, *104*
Diaformin XR 1000 (AF) *103*, *104*
Diaformin(AF).....*103*, *104*
Dialamine(SB) *1683*
Diamicron 60mg MR(SE).....*105*
Diamox(RW).....*1614*
DIAZEPAM.....1512, 1513, 1706
Diazepam Elixir(ON).....*1512*
DIAZEPAM-WGR (WG).....*1512*, *1513*, *1706*
DIAZEPAM-WGR(WG).....*1512*, *1513*, *1706*
Dibenyline(GH)
.CARDIOVASCULAR SYSTEM *187*
.GENITO URINARY SYSTEM AND SEX HORMONES *277*
Dicarz(AF) *192*
DICLOFENAC
.MUSCULO-SKELETAL SYSTEM 1391
.Repatriation Pharmaceutical Benefits Scheme 1727
Diclofenac Sandoz (SZ).....*1391*
DICLOFENAC-WGR(WG).....*1391*
DICLOXACILLIN 305
DICLOXACILLIN VIATRIS 250 (MQ).....*305*
DICLOXACILLIN VIATRIS 500 (MQ).....*305*
DIENOGEST 270
Difflam(IL).....*39*, *1691*
Diflucan(PF) *324*, *325*
DIGOXIN 167
Dilantin Infatabs(GO).....*1458*
Dilantin Sodium(GO) *1458*
Dilantin(GO) *1458*
Dilart HCT 160/12.5 (AF).....*213*, *214*
Dilart HCT 160/25 (AF).....*214*
Dilart HCT 320/12.5 (AF).....*214*
Dilart HCT 320/25 (AF).....*214*
Dilart HCT 80/12.5 (AF).....*214*
Dilart(AF).....*209*, *210*
Dilatrend 12.5 (PB).....*192*
Dilatrend 25 (PB).....*192*
Dilatrend 6.25 (PB).....*192*
Dilaudid(MF).....*1416*, *1417*, *1419*, *1694*
Dilaudid-HP(MF).....*1419*, *1694*
DILTIAZEM.....195
Diltiazem Sandoz CD(SZ) *195*, *196*
DIMETHYL FUMARATE.....1386
Dimethyl Fumarate Sandoz (SZ) *1386*, *1387*
Dinasane(XT) *270*
Diovan (NV).....*209*, *210*
Dipentum(IX) *99*
DIPHENOXYLATE + ATROPINE SULFATE 90
Diphereline(IS) *519*
DIPHTHERIA + TETANUS VACCINE 29, 341
Diprosone(AF) *241*, *242*, *243*
DIPROVANT(NB) *241*, *242*, *243*
DIROXIMEL FUMARATE 1387
DISOPYRAMIDE.....167
Distaph 250(AF) *305*
Distaph 500(AF) *305*
Distocide (Korea)(LM) *1559*
Dithiazide(FF).....*182*
Ditropan(SW).....*275*, *276*
Dizole 100(XT) *324*
Dizole 200 (XT) *324*
Dizole 50(XT) *324*
DOCUSATE

.Repatriation Pharmaceutical Benefits Scheme 1717, 1740
DOCUSATE + SENNOSIDE B 1718
Dofidaz(JM) *1727*
Dolapril 0.5(RW) *201*, *202*
Dolapril 1(RW) *202*
Dolapril 2(RW) *202*
Dolapril 4(RW) *202*
DOMPERIDONE 66
DONEPEZIL 1546
Donepezil GH(HQ) *1546*, *1547*
Donepezil Sandoz (SZ) *1546*, *1547*
DONEPEZIL-WGR(WG) *1546*, *1547*
Doryx(YN) *297*, *298*, *299*, *300*
DORZOLAMIDE 1616
DORZOLAMIDE + TIMOLOL 1616
Dostamine(NB) *258*, *259*
Dostinex (PF) *258*, *259*
Dostinex(PF) *258*
DOSULEPIN (DOTHIEPIN) 1518
Dosulepin Viatris 75(AL) *1518*
Dosulepin Viatris(MQ) *1518*
Dothep 25(AF) *1518*
Dothep 75(AF) *1518*
Doubluts(GC) *277*
Doxsig (RW) *297*, *298*, *299*, *300*
DOXYCYCLINE 297, 298, 299
Doxycycline Sandoz (HX) *297*, *298*, *299*
Doxycycline Sandoz(HX) *299*, *300*
DOXYCYCLINE-WGR(WG) *297*, *298*, *299*, *300*
Doxylin 100 (AF) *297*, *298*, *299*
Doxylin 100(AF) *298*
Doxylin 50 (AF) *299*, *300*
D-Penamine(AL) *1396*
DRESSING ACTIVATED CHARCOAL MALODOROUS WOUND 1746
DRESSING ALGINATE CAVITY WOUND 1746
DRESSING ALGINATE SUPERFICIAL WOUND 1746, 1747
DRESSING ALGINATE WITH MANUKA HONEY 1747
DRESSING ALGINATE WITH SILVER CAVITY WOUND 1747
DRESSING ALGINATE WITH SILVER DEEP WOUND 1747
DRESSING CONTACT LAYER LIPIDOCOLLOID 1748
DRESSING CONTACT LAYER LIPIDOCOLLOID WITH SUCROSE OCTASULFATE 1748
DRESSING FILM 1748
DRESSING FILM ISLAND 1748
DRESSING FOAM HEAVY EXUDATE 1749
DRESSING FOAM LIPIDOCOLLOID WITH SILICONE HEAVY EXUDATE 1749
DRESSING FOAM LIPIDOCOLLOID WITH SUCROSE OCTASULFATE HEAVY EXUDATE 1749
DRESSING FOAM LIPIDOCOLLOID WITH SUCROSE OCTASULFATE MODERATE EXUDATE 1749
DRESSING FOAM MODERATE EXUDATE 1750
DRESSING FOAM WITH SILICONE 1750
DRESSING FOAM WITH SILICONE AND SILVER 1750
DRESSING FOAM WITH SILICONE HEAVY EXUDATE 1751
DRESSING FOAM WITH SILICONE LIGHT EXUDATE 1751, 1752
DRESSING FOAM WITH SILICONE MODERATE EXUDATE 1752
DRESSING FOAM WITH SILVER 1752
DRESSING GAUZE 1753
DRESSING GAUZE ABSORBENT 1753
DRESSING GAUZE PARAFFIN 1753
DRESSING GAUZE PARAFFIN WITH CHLORHEXIDINE ACETATE 1753
DRESSING GELLING FIBRE 1753, 1754
DRESSING GELLING FIBRE LIPIDOCOLLOID 1754
DRESSING HYDROACTIVE DEBRIDEMENT 1754
DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM 1755
DRESSING HYDROACTIVE SUPERFICIAL WOUND LIGHT EXUDATE 1755
DRESSING HYDROACTIVE SUPERFICIAL WOUND MODERATE EXUDATE 1755
DRESSING HYDROCOLLOID CAVITY WOUND 1756
DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE 1756
DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE 1756, 1757
DRESSING HYDROFIBRE ALTERNATE TO ALGINATES 1757
DRESSING HYDROFIBRE WITH SILVER 1758
DRESSING HYDROGEL 1758
DRESSING HYDROGEL AMORPHOUS 1758, 1759
DRESSING HYDROGEL FOAM 1759
DRESSING HYDROGEL RIBBON 1759
DRESSING HYDROGEL SHEET 1759
DRESSING HYDROPHOBIC 1759
DRESSING LIPIDOCOLLOID MODERATE EXUDATE 1760
DRESSING NON ADHERENT 1760
DRESSING NON-ADHERENT ABSORBENT 1761
DRESSING NON-ADHERENT WITH SILICONE 1762
DRESSING POLY-ABSORBENT FIBRE LIPIDOCOLLOID WITH SUCROSE OCTASULFATE HEAVY EXUDATE 1762
DRESSING POLY-ABSORBENT FIBRE LIPIDOCOLLOID WITH SUCROSE OCTASULFATE MODERATE EXUDATE 1762
DRESSING TULLE NON-ADHERENT PRIMARY WOUND CONTACT LAYER PARAFFIN 1762
DRESSING WITH SILVER 1762, 1763
Drixine(BN) *1739*
DROSPIRENONE 260
DROSPIRENONE + ETHINYLESTRADIOL 259
DRY PSYLLIUM HUSK 1718
DULAGLUTIDE 124
Dulcolax(VZ) *85*, *86*, *1717*, *1718*
Duloxecor(CR) *1528*, *1529*
DULOXETINE 1528, 1529
Duloxetine Sandoz (HX) *1528*, *1529*
Duloxetine Sandoz 30(SZ) *1529*
Duloxetine Sandoz 60(SZ) *1528*, *1529*
DULOXETINE-WGR (WG) *1528*, *1529*
Duocal(SB) *1688*
DuoCover (AV) *148*
Duodart 500ug/400ug(GK) *277*, *1731*
DuoDERM CGF 187660(CC) *1756*
DuoDERM CGF 187662(CC) *1756*
DuoDERM Extra Thin 187955(CC) *1756*
DuoDERM Gel 187990(CC) *1759*
DuoDERM Gel H7987(CC) *1758*
DuoDERM Paste 187930(CC) *1756*
Duodopa(VE) *1487*
Duofilm Solution(GK) *1727*
DuoPlidogrel(XT) *148*
DuoResp Spiromax (EV) *1568*, *1569*, *1575*, *1576*
DuoResp Spiromax(EV) *1566*, *1572*, *1573*, *1575*, *1576*
Duotrav(NV) *1620*
DUPILUMAB
.DERMATOLOGICALS 251, 253
Dupixent(SW)
.DERMATOLOGICALS *253*, *255*

Durafiber 66800560(SN) *1754*
Durafiber 66800561(SN) *1754*
Durafiber 66800563(SN) *1754*
Duride (AF) *174*
Dutacor (CR) *278*
DUTASTERIDE 277, 278, 1732
DUTASTERIDE + TAMSULOSIN 277, 1731
Dutasteride/Tamsulosin Lupin 500/400 (GQ) *277*
Dutasteride/Tamsulosin Lupin 500/400(GQ) *1731*
Dutasteride/Tamsulosin Sandoz 500/400 (SZ) *1731*
Dutasteride/Tamsulosin Sandoz 500/400(SZ) *277*
Dutasteride/Tamsulosin Viatris 500/400 (AF) *277*
DUTASTERIDE/TAMSULOSIN-WGR(WG) *277*
DUTATAM 500/400 (TN) *277*
DYTREX 30(RW) *1529*
DYTREX 60(RW) *1528*, *1529*
EAA Supplement(VF) *1683*
Ear Clear for Ear Wax Removal(KY) *1740*
Easiphen(SB) *1678*
Ebixa (LU) *1550*, *1551*
Edronax(PF) *1533*
Efexor-XR(GO) *1533*, *1534*
Efudix(IL) *1734*
Egoderm Cream(EO) *1727*
Egoderm Ointment(EO) *1727*
Egopsoryl-TA(EO) *1725*
ELAFIBRANOR 73, 74
Elastoplast 2225(BE) *1743*
Elastoplast 2226(BE) *1743*
Elastoplast 2227(BE) *1743*
Elaxine SR 150(RW) *1533*, *1534*
Elaxine SR 37.5 (RW) *1533*
Elaxine SR 75(RW) *1533*, *1534*
Eldepryl(OX) *1496*, *1497*
Eleanor 150/30 ED(XT) *260*
EleCare LCP(AB) *1658*, *1659*
EleCare(AB) *1655*, *1656*, *1657*
ELETRIPTAN 1452
Eleuphrat (AL) *241*, *242*, *243*
Eleva 100(AF) *1524*, *1525*, *1526*
Eleva 50(AF) *1525*, *1526*
Elidel(GO) *255*
Eligard 1 month(MF) *517*
Eligard 3 month(MF) *517*
Eligard 4 month(MF) *517*
Eligard 6 month(MF) *517*, *518*
Eliquis(BQ) *152*, *153*, *154*
Elocon Alcohol Free(AL) *246*, *247*, *248*, *1726*
Elocon(AL) *246*, *247*, *248*, *1726*
ELRANATAMAB 492
Elrexfio(PF) *492*, *493*
Eltroxin(LT) *290*, *292*, *293*
EMEXLON (RW) *66*, *1691*
Emgality(LY) *1456*, *1457*
EMPAGLIFLOZIN 129, 130, 131, 132
EMPAGLIFLOZIN + LINAGLIPTIN 110
EMPAGLIFLOZIN + METFORMIN 111
E-Mycin 200(AF) *315*
E-Mycin 400(AF) *315*, *316*
ENALAPRIL 196
ENALAPRIL + HYDROCHLOROTHIAZIDE 202
Enalapril Sandoz(SZ) *196*, *197*
Enalapril/HCT Sandoz(SZ) *202*
ENALAPRIL-WGR (WG) *196*, *197*
Enbrel (PF) *865*, *885*, *895*, *898*, *921*, *937*, *941*, *949*, *968*
Enbrel(PF) *863*, *870*, *878*, *880*, *882*, *887*, *890*, *893*, *903*, *907*, *916*, *928*, *933*, *945*, *954*, *961*, *974*
ENCORAFENIB 414, 415
Endep 10(AF) *1517*
Endep 25(AF) *1517*
Endep 50(AF) *1517*
ENDONE(AF) *1432*, *1433*, *1434*
Energivit(SB) *1682*
Enerzair Breezhaler(NV) *1590*, *1591*
Enidin(VB) *1612*
Enlafax-XR (AF) *1533*, *1534*
Enoxaject Safety-Lock (CR) *146*, *147*
Enoxaject Safety-Lock(CR) *146*
ENOXAPARIN SODIUM 146, 147
Enstilar(LO) *239*, *240*
ENTACAPONE 1497
Entocort(EU) *91*
ENTRECTINIB 461
Entresto(NV) *220*
ENTRIP (RW) *1517*
ENTRIP(RW) *1517*
Entyvio(TK) *1371*, *1372*, *1373*, *1374*, *1376*, *1379*
ENZALUTAMIDE 524, 525
Epclusa(GI) *339*
EPCORITAMAB 493, 494
Epiduo(GA) *249*
Epidyolex(JA) *1466*, *1467*
Epilim EC(SW) *1463*, *1464*
Epilim Liquid(SW) *1463*, *1464*
Epilim Syrup(SW) *1463*, *1464*
Epilim(SW) *1463*, *1464*
EpiPen Jr.(AL)
.CARDIOVASCULAR SYSTEM *172*
.RESPIRATORY SYSTEM *1604*
EpiPen(AL)
.CARDIOVASCULAR SYSTEM *173*
.RESPIRATORY SYSTEM *1605*
Epiramax 100 (RW) *1481*, *1482*
Epiramax 200 (RW) *1480*, *1481*
Epiramax 25 (RW) *1481*, *1482*
Epiramax 50 (RW) *1481*, *1482*
Epkinly(VE) *494*
EPLERENONE 184
EPROSARTAN 206, 207
EPROSARTAN + HYDROCHLOROTHIAZIDE 211
EPTINEZUMAB 1454, 1455
Erelzi (SZ) *859*, *867*, *872*, *874*, *878*, *893*, *911*, *916*, *924*, *974*
Erelzi(SZ) *861*, *865*, *885*, *895*, *898*, *921*, *937*, *941*, *949*, *968*
Erivedge(RO) *499*
ERLOTINIB 408
ERLOTINIB ARX(XT) *408*, *409*
Erlotinib Sandoz (SZ) *408*, *409*
Erlyand(JC) *522*
ERYTHROMYCIN 315
ERYTHROMYCIN ETHYLSUCCINATE 315
ESCIT (DZ) *1520*, *1521*
ESCIT(DZ) *1519*, *1520*
ESCITALOPRAM 1519, 1520, 1521, 1522
Escitalopram GH (HQ) *1519*, *1520*
Escitalopram GH(HQ) *1520*, *1521*
Escitalopram Sandoz (HX) *1520*, *1521*
Escitalopram Sandoz(HX) *1519*, *1520*
ESCITALOPRAM-WGR (WG) *1519*, *1520*
ESCITALOPRAM-WGR(WG) *1520*, *1521*
Eskazole(AS) *1559*
ESKETAMINE 1529, 1530, 1531
ESOMEPRAZOLE 40, 41, 42, 43, 44, 45, 46, 47
ESOMEPRAZOLE (&) CLARITHROMYCIN (&) AMOXICILLIN 65
Esomeprazole GH (GQ) *41*, *42*, *43*, *44*, *45*, *46*, *47*
Esomeprazole GxP(AF) *41*, *42*, *43*, *44*, *45*, *46*, *47*
Esomeprazole RBX (RA) *41*, *42*, *43*, *44*, *45*, *46*, *47*
ESOMEPRAZOLE SANDOZ Hp7(SZ) *65*
Esomeprazole Viatris(MQ) *41*, *42*, *43*, *44*, *45*, *46*, *47*

ESOMEPRAZOLE-WGR (WG).....*41*, *42*, *43*, *44*, *45*, *46*, *47*
Esopreze(BG).....*41*, *42*, *43*, *44*, *45*, *46*, *47*
ESPLER (RW).....*184*, *185*
Essential Amino Acid Mix(SB).....*1683*
ESSENTIAL AMINO ACIDS FORMULA.....1682
ESSENTIAL AMINO ACIDS FORMULA WITH MINERALS AND VITAMIN C.....1683
ESSENTIAL AMINO ACIDS FORMULA WITH VITAMINS AND MINERALS.....1683
Essential Care Jr(QH)
.VARIOUS.....*1671*, *1676*
Estalis continuous 50/140(SZ).....*270*
Estalis continuous 50/250(SZ).....*270*
Estalis sequi 50/140(SZ).....*271*
Estalis sequi 50/250(SZ).....*271*
ESTETROL + DROSPIRENONE.....259
Estraderm MX 100(JU).....*267*
Estraderm MX 25(JU).....*267*
Estraderm MX 50(JU).....*267*
ESTRADIOL.....266, 267, 268
ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE 271
ESTRADIOL (&) ESTRADIOL + NORETHISTERONE ACETATE.....271
ESTRADIOL + NORETHISTERONE ACETATE.....270
Estradot 100(SZ).....*267*
Estradot 25(SZ).....*267*
Estradot 37.5(SZ).....*267*
Estradot 50(SZ).....*267*
Estradot 75(SZ).....*267*
Estramon (Germany, Sandoz)(SZ).....*267*
ESTRIOL.....268
Estrogel Pro(HB).....*271*
Estrogel(HB).....*267*, *268*
Estro-Pess(AS).....*266*, *268*
ETANERCEPT858, 859, 861, 863, 865, 867, 870, 872, 874, 878, 880, 883, 885, 887, 890, 893, 895, 898, 903, 908, 912, 916, 921, 924, 929, 933, 937, 941, 945, 949, 954, 961, 969
ETHOSUXIMIDE.....1458, 1459
ETONOGESTREL.....260
ETONOGESTREL + ETHINYLESTRADIOL.....257
ETOPOSIDE.....350
ETRASIMOD.....1272, 1273
Eucerin(BE).....*1724*
Eutroxsig (LN).....*292*, *293*
Evelyn 150/30 ED (GQ).....*260*
Evenity(AN).....*1410*
Everocan (CR).....*1380*
EVEROLIMUS
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS.....433, 434, 435, 436, 1379, 1380
Evista(BZ).....*1409*
Evocair MDI(AF).....*1579*, *1580*, *1581*, *1582*
EVOLOCUMAB.....226, 227, 229
Evolve Carmellose(CX).....*1640*, *1641*
Evolve Hypromellose(CX).....*1644*
Exarane Forte (JU).....*146*
Exarane Forte Safety-Lock (JO).....*146*
Exarane Forte Safety-Lock(JO).....*146*
Exarane Forte(JU).....*146*
Exarane Safety-Lock (JO).....*146*, *147*
Exarane(JU).....*146*, *147*
Exelon Patch 10(NV).....*1548*, *1549*
Exelon Patch 15(NV).....*1549*, *1550*
Exelon Patch 5(NV).....*1548*, *1549*
Exelon(NV).....*1549*, *1550*
EXEMESTANE.....526, 527
Exemestane GH (GQ).....*526*, *527*
Exemestane Sandoz(SZ).....*526*, *527*
EXEMESTANE-WGR (WG).....*526*, *527*
Exforge 10/160(NV).....*214*, *215*
Exforge 10/320(NV).....*214*, *215*
Exforge 5/160(NV).....*215*
Exforge 5/320(NV).....*215*
Exforge 5/80(NV).....*215*
Exforge HCT 10/160/12.5(NV).....*217*, *218*
Exforge HCT 10/160/25(NV).....*217*, *218*
Exforge HCT 10/320/25(NV).....*217*, *218*
Exforge HCT 5/160/12.5(NV).....*217*, *218*
Exforge HCT 5/160/25(NV).....*217*, *218*
Extine 20(RW).....*1524*
Exufiber 709900(MH).....*1753*
Exufiber 709901(MH).....*1754*
Exufiber 709903(MH).....*1753*
Exufiber 709908(MH).....*1753*
Exufiber 709909(MH).....*1754*
Eylea(BN)1621, *1622*, *1623*, *1624*, *1625*, *1626*, *1627*, *1628*, *1629*
Ezalo Composite Pack 10mg+10mg(AF).....*234*
Ezalo Composite Pack 10mg+20mg(AF).....*234*
Ezalo Composite Pack 10mg+40mg(AF).....*234*, *235*
Ezalo Composite Pack 10mg+5mg(AF).....*234*, *235*
EZEMICHOL (RW).....*230*
Ezetast (XT).....*235*
Ezetast(XT).....*235*
EZETIMIBE.....230
Ezetimibe - Rosuvastatin Sandoz 10 mg/10 mg (SZ).....*234*
Ezetimibe - Rosuvastatin Sandoz 10 mg/20 mg (SZ).....*234*
Ezetimibe - Rosuvastatin Sandoz 10 mg/40 mg (SZ)....*234*, *235*
Ezetimibe - Rosuvastatin Sandoz 10 mg/5 mg (SZ).....*234*, *235*
EZETIMIBE (&) ROSUVASTATIN.....234
EZETIMIBE + ATORVASTATIN.....235
EZETIMIBE + SIMVASTATIN.....236
Ezetimibe GH(GQ).....*230*
Ezetimibe Sandoz (SZ).....*230*
Ezetimibe/Atorvastatin GH 10/10(GQ).....*235*
Ezetimibe/Atorvastatin GH 10/20 (GQ).....*235*
Ezetimibe/Atorvastatin GH 10/40 (GQ).....*235*
Ezetimibe/Atorvastatin GH 10/80 (GQ).....*235*
EZETIMIBE/SIMVASTATIN SANDOZ (SZ).....*236*, *237*
EZETIMIBE/SIMVASTATIN-WGR 10/10(WG).....*236*
EZETIMIBE/SIMVASTATIN-WGR 10/20(WG).....*236*
EZETIMIBE/SIMVASTATIN-WGR 10/40(WG).....*236*
EZETIMIBE/SIMVASTATIN-WGR 10/80(WG).....*236*, *237*
EZETIMIBE-WGR(WG).....*230*
EZETORIN (RW).....*236*, *237*
Ezetrol(AL).....*230*
Ezovir (XT).....*332*, *333*
Fabhalta(NV).....*1383*
FAMCICLOVIR.....331, 332
FAMCICLOVIR-WGR (WG).....*331*, *332*
FAMCICLOVIR-WGR(WG).....*332*, *333*
FAMOTIDINE.....39
Famvir (IX).....*331*, *332*, *333*
Famvir(IX).....*331*, *332*
FARICIMAB.....1630, 1631, 1632, 1633
Faverin 100 (RW).....*1523*, *1524*
Faverin 50 (RW).....*1523*, *1524*
Favic 125(RW).....*331*
Favic 250 (RW).....*331*
Favic 250(RW).....*332*
Favic 500 (RW).....*332*
Favic 500(RW).....*333*
Febexic (CR).....*1398*
Febridol (XT).....*1450*, *1451*, *1737*
FEBUXOSTAT.....1397, 1398
FEDRATINIB.....437, 438
Felodil XR 10(RW).....*193*, *194*

Felodil XR 2.5(XT) *193*, *194*
Felodil XR 5(RW) *193*, *194*
FELODIPINE 193, 194
Felodur ER 10 mg (IY) *193*, *194*
Felodur ER 2.5 mg (IY) *193*, *194*
Felodur ER 5 mg (IY) *193*, *194*
Femara 2.5 mg(NV) *527*, *528*
FEMIN(XT) *1395*
Femme-Tab ED 20/100(AE) *260*
Femme-Tab ED 30/150(AE) *260*
Femolet (AF) *527*, *528*
Femoston 1/10(XT) *271*
Femoston 2/10(XT) *271*
Fenac EC (AL) *1391*
FENFLURAMINE 1467
Fenocol (XT) *225*
FENOFIBRATE 225
Fenofibrate Cipla(LR) *225*
Fenofibrate Lupin (GQ) *225*
Fenofibrate Lupin(GQ) *225*
FENOFIBRATE RBX (RA) *225*
FENOFIBRATE RBX(RA) *225*
Fenofibrate Sandoz (SZ) *225*
Fenofibrate Viatris(AL) *225*
FENOFIBRATE-WGR (WG) *225*
FENTANYL 1438, 1700, 1701, 1702
Fentanyl Sandoz (SZ) *1439*, *1702*
Fentora(TB) *1700*, *1701*
Ferinject(XW) *161*
FERIVO (XT) *161*
FERRIC CARBOXYMALTOSE 161
Ferric Carboxymaltose-Teva(TB) *161*
FERRIC DERISOMALTOSE 161
Ferrive (AF) *161*
Ferro-f-tab(AE) *161*, *1722*
Ferro-Liquid(AE) *160*
Ferrosig(SI) *161*
Ferro-tab(AE) *160*, *1722*
FERROUS FUMARATE 160, 1722
FERROUS FUMARATE + FOLIC ACID 161, 1722
FERROUS SULFATE 160
FEXOFENADINE 1740
Fiasp Penfill(NO) *101*
Fibsol 10 (RW) *197*
Fibsol 20 (RW) *197*
Fibsol 5 (RW) *197*
FILOSIR (NM) *1277*
Finasta (SZ) *1733*
FINASTERIDE 1733
Finasteride GH 5(GQ) *1733*
Finasteride Mylan 5 (AF) *1733*
Finasteride-GA 5(GN) *1733*
FINERENONE 185
FINGOLIMOD 1276, 1277
Fingolimod Dr.Reddy's(RZ) *1277*
Fingolimod Sandoz (SZ) *1277*
Fingolimod SUN(RA) *1277*
Fingolimod-Teva (TB) *1277*
Finide(AL) *1733*
Finnacar(RW) *1733*
Finpro(RZ) *1733*
Fintepla(UC) *1467*
Firmagon 120mg(FP) *530*
Firmagon 80mg(FP) *530*
Fixta 60(ZS) *1409*
Flagyl S(VJ) *322*
Flagyl(VJ) *322*
FLECAINIDE 168
Flecainide Sandoz (SZ) *168*
Flecatab(AF) *168*
Flixotide Accuhaler(GK) *1595*, *1596*
Flixotide Junior Accuhaler(GK) *1595*, *1596*
Flixotide Junior(GK) *1595*, *1596*
Flixotide(GK) *1595*, *1596*
Flomaxtra(LS) *1732*
Flopen Viatris (MQ) *305*, *306*
Flopen(AL) *305*, *306*
Florinef(AS) *283*
Flosix (AF) *1732*
Fluanxol Concentrated Depot(LU) *1500*
Fluanxol Depot(LU) *1500*
Flucil(LN) *306*
FLUCLOXACILLIN 305, 306
FLUCONAZOLE 323, 324
Fluconazole Sandoz (SZ) *324*
Fluconazole Sandoz(SZ) *324*
FLUCONAZOLE-WGR (WG) *324*
Fludara(GZ) *344*
FLUDARABINE 344
FLUDROCORTISONE 283
FLUDROCORTISONE MEDSURGE (DZ) *283*
FLUNITRAZEPAM 1738
FLUOROURACIL 1734
Fluorouracil Viatris (AF) *1734*
FLUOTEX(RF) *1523*
FLUOXETINE 1523
Fluoxetine generichealth (GQ) *1523*
Fluoxetine Sandoz(SZ) *1523*
FLUOXETINE-WGR (WG) *1523*
FLUPENTIXOL DECANOATE 1500
FLUTAMIDE 525
Flutamin(AF) *525*
Fluticasone + Salmeterol Cipla 125/25 (LR) *1579*, *1580*
Fluticasone + Salmeterol Cipla 250/25 (LR) *1581*, *1582*
Fluticasone Cipla Inhaler (LR) *1595*, *1596*
FLUTICASONE FUROATE 1595
FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL 1587, 1588, 1589
FLUTICASONE FUROATE + VILANTEROL 1576, 1577
FLUTICASONE PROPIONATE 1595, 1596
FLUTICASONE PROPIONATE + FORMOTEROL 1577, 1578
FLUTICASONE PROPIONATE + SALMETEROL 1578, 1579, 1580, 1581, 1582
Fluticasone Salmeterol Ciphaler 250/50(LR) *1579*, *1580*
Fluticasone Salmeterol Ciphaler 500/50(LR) *1581*, *1582*
flutiform 125/5(MF) *1578*
flutiform 250/10(MF) *1578*
flutiform 50/5(MF) *1578*
FLUVOXAMINE 1523
FLUVOXAMINE-WGR(WG) *1523*, *1524*
Fluzole 200(RW) *324*
FOLIC ACID 162, 1723
FOLINIC ACID 1651, 1652
FOLLITROPIN ALFA 272
FOLLITROPIN BETA 273
Foltabs 500(PP) *162*, *1723*
Fonat (AL) *1399*, *1400*
FONDAPARINUX 160
Foradile(SZ) *1561*
Formet 1000(RW) *103*, *104*
FORMET 500(RF) *103*, *104*
FORMET 850(RF) *104*
FORMOTEROL 1561
Forxiga(AP) *126*, *127*, *128*, *129*
Fosamax Plus 70 mg/140 mcg(MQ) *1403*, *1404*, *1736*
Fosamax Plus(MQ) *1405*, *1736*
FOSAPREPITANT 70
FOSAPREPITANT MEDSURGE (DZ) *71*
FOSAPREPITANT MSN(RQ) *71*

FOSAPREPITANT-AFT(AE) *71*
FOSINOPRIL 197
FOSLEVODOPA + FOSCARBIDOPA 1483, 1484
FOSNETUPITANT + PALONOSETRON 66
Fosrenol(TK) *1649*
Fostair (EU) *1564*, *1565*
Fostair 200/6 (EU) *1565*
FRAMYCETIN SULFATE 1647
FRAMYCETIN SULFATE + GRAMICIDIN + DEXAMETHASONE 1647
FREMANEZUMAB 1455
FruitiVits(VF) *1689*
FRUQUINTINIB 446
Frusax (ZS) *183*
Frusemix(TY) *183*
Frusemix-M(TY) *29*, *183*, *184*
Fruzaqla(TK) *446*
Fucidin(LO) *322*
FULVESTRANT 520
FULVESTRANT ACCORD(OC) *520*
FULVESTRANT EVER PHARMA(IT) *520*
Fulvestrant Sandoz (SZ) *520*
Fulvestrant SXP(XN) *520*
FULVESTRANT-AFT (AE) *520*
Fungilin(AS) *39*
FUROSEMIDE 29, 183, 184
FUROSEMIDE-WGR (WG) *184*
FUROSEMIDE-WGR(WG) *183*
FUSIDATE 322
FUTIBATINIB 456
Fybogel(RC) *1718*
Fycompa(EI) *1476*, *1477*, *1478*
Fynod(AF) *1277*
Fyzant (JU) *165*
GA explore5(VF) *1676*
GA1 Anamix infant(SB) *1676*
GA1 Anamix Junior(NU) *1676*
Gabacor (CR) *1467*, *1468*, *1737*, *1738*
GABAPENTIN
.NERVOUS SYSTEM 1467
.Repatriation Pharmaceutical Benefits Scheme 1737
Gabapentin APOTEX (TY) *1738*
Gabapentin APOTEX(TY)
.Repatriation Pharmaceutical Benefits Scheme *1737*
Gabapentin APOTEX(TY)
.NERVOUS SYSTEM *1467*
Gabapentin Sandoz(SZ)
.Repatriation Pharmaceutical Benefits Scheme *1737*, *1738*
Gabapentin Sandoz(SZ)
.NERVOUS SYSTEM *1467*, *1468*
GABAPENTIN-WGR (WG)
.Repatriation Pharmaceutical Benefits Scheme *1737*, *1738*
GABAPENTIN-WGR (WG)
.NERVOUS SYSTEM *1467*, *1468*
Gabitril(TB) *1462*, *1463*
Galafold(FT) *141*
GALANTAMINE 1547
Galantyl (AF) *1547*, *1548*
GALCANEZUMAB 1456
Galvumet 50/1000 (NV) *117*
Galvumet 50/500 (NV) *117*
Galvumet 50/850 (NV) *117*
Galvus(NV) *123*, *124*
Gamine XR(RW) *1547*, *1548*
Ganfort 0.3/5(VE) *1618*
GANfort PF 0.3/5(VE) *1618*
GANVADO(XW) *1407*, *1408*
GAPENTIN (RF) *1467*, *1468*
GAPENTIN(RF)
.Repatriation Pharmaceutical Benefits Scheme *1737*, *1738*
GAPENTIN(RF)
.NERVOUS SYSTEM *1467*, *1468*
GARADACIMAB 163, 164
Gastrex (CR) *1719*
Gastrex(CR) *91*
Gastro-Stop (AS) *91*
GAUZE AND COTTON TISSUE COMBINE ROLL 1763
GEFITINIB 409
GEMFIBROZIL 225
Genox 20(AF) *520*, *521*
GenRx Perindopril/ Indapamide 4/1.25 (GX) *203*
GenRx Tamoxifen (GX) *520*, *521*
Gilenya (NV) *1277*
Gilenya(NV) *1277*
Gilmat(CR) *365*, *366*, *367*, *368*, *369*, *370*, *371*, *372*, *373*, *376*, *377*, *378*, *379*, *380*, *381*, *382*, *383*, *384*, *385*, *386*, *387*, *388*
GILTERITINIB 462
Giotrif(BY) *407*, *408*
Givlaari(WM) *137*
GIVOSIRAN 136
Glatira (JU) *532*
GLATIRAMER ACETATE 532
GLECAPREVIR + PIBRENTASVIR 339
GLENMARK MOMETASONE Alcohol Free(JM) *246*, *247*, *248*
GLENMARK MOMETASONE(JM) *246*, *247*, *248*
Gliadel(EI) *342*
GLIBENCLAMIDE 104
GLICLAZIDE 105
Gliclazide Lupin MR (GQ) *105*
Gliclazide MR Viatris (AL) *105*
Gliclazide Sandoz MR(SZ) *105*
GLIMEPIRIDE 105, 106
Glimepiride Sandoz (SZ) *105*, *106*
GLIMEPIRIDE-WGR(WG) *105*, *106*
GLIPIZIDE 106
Glivec (NV) *365*, *366*, *367*, *368*, *369*, *370*, *371*, *372*, *373*, *376*, *377*, *378*, *379*, *380*, *381*, *382*, *383*, *384*, *385*, *386*, *387*, *388*
GlucaGen Hypokit(NO) *29*, *294*, *295*
GLUCAGON HYDROCHLORIDE 29, 294
Glucobete 1000 (ZS) *103*, *104*
Glucobete 500 (ZS) *103*, *104*
Glucobete 850 (ZS) *104*
GLUCOSE AND KETONE INDICATOR URINE 1653
GLYBOSAY (RW) *117*, *118*
GLYCEROL
.Repatriation Pharmaceutical Benefits Scheme 1718, 1727
GLYCEROL + WHITE SOFT PARAFFIN 1724
GLYCERYL TRINITRATE 29, 173, 174
GLYCINE WITH CARBOHYDRATE 1683
Glycine500(VF) *1683*
GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACID FORMULA WITH VITAMINS, MINERALS, AND LOW IN TYROSINE AND PHENYLALANINE 1683
GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS 1683, 1684
GLYCOMACROPEPTIDE FORMULA WITH AMINO ACIDS AND LOW PHENYLALANINE 1684
GLYCOMACROPEPTIDE FORMULA WITH AMINO ACIDS, VITAMINS, MINERALS, TRACE ELEMENTS, CARBOHYDRATE, FAT AND LOW PHENYLALANINE 1684

GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE 1684, 1685
GLYCOPYRRONIUM
.DERMATOLOGICALS 250
.RESPIRATORY SYSTEM 1597
Glycosade(VF) *1667*
Glyxambi(BY) *110*, *111*
Goanna Heat Cream(GQ) *1735*
GOLIMUMAB .974, 975, 977, 979, 981, 983, 985, 986, 989, 993, 997, 1002
Gonadron(RA) *266*
Gonal-f Pen(SG) *273*
Gopten (GO) *202*
Gopten(GO) *201*, *202*
GOSERELIN 516
GOSERELIN (&) BICALUTAMIDE 516
GRANISETRON 66, 67
GRISEOFULVIN 239
Grisovin 500(AS) *239*
Grisovin(AS) *239*
GUANFACINE 1534
GUSELKUMAB 1067, 1071
Gynotril(ZS) *527*, *528*
Hadlima (RF) .*545*, *550*, *552*, *555*, *560*, *565*, *567*, *573*, *574*, *575*, *584*, *589*, *593*, *601*, *606*, *608*, *615*, *622*, *625*, *633*, *641*, *651*, *662*, *665*, *667*, *671*, *675*, *692*, *708*, *713*, *722*, *741*, *745*, *751*, *755*, *773*, *783*, *792*, *804*, *829*
Hadlima(RF) ..*545*, *547*, *549*, *550*, *551*, *552*, *555*, *557*, *559*, *562*, *563*, *565*, *567*, *569*, *571*, *573*, *574*, *575*, *576*, *582*, *584*, *586*, *588*, *589*, *593*, *597*, *601*, *604*, *606*, *608*, *609*, *610*, *611*, *615*, *618*, *620*, *622*, *625*, *627*, *628*, *630*, *633*, *635*, *641*, *643*, *651*, *653*, *656*, *659*, *662*, *665*, *667*, *670*, *671*, *673*, *674*, *675*, *688*, *691*, *692*, *695*, *705*, *708*, *713*, *718*, *722*, *727*, *733*, *737*, *741*, *744*, *748*, *750*, *755*, *760*, *764*, *765*, *768*, *769*, *773*, *783*, *788*, *792*, *798*, *804*, *822*, *829*
Haldol decanoate(IX) *1499*
HALOPERIDOL 29, 1498, 1706
HALOPERIDOL DECANOATE 1499
HALOPERIDOL MEDSURGE(DZ) *29*, *1498*, *1706*
Hamilton Skin Therapy Oil(KY) *1724*
Hamilton Skin Therapy Wash(KY) *1728*
Handy 36361414(BV) *1741*
Handy 71117-05(BV) *1753*
Handy 71117-06(BV) *1753*
Handygauze Cohesive 8631(BV) *1743*
Handygauze Cohesive 8633(BV) *1743*
Handygauze Cohesive 8635(BV) *1743*
HCU Anamix infant(SB) *1677*
HCU Anamix Junior(NU) *1677*
HCU cooler 20(VF) *1677*
HCU Easy Tablet(OH) *1674*
HCU explore5(VF) *1681*
HCU express 15(VF) *1677*
HCU Lophlex LQ 20(SB) *1677*
HCU Lophlex(SB) *1677*
HEPARIN 147
Hequinel (RW) *1395*
Herceptin SC(RO) *488*
HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE 1685, 1686
Hikma(LM) *1418*, *1420*, *1695*
Hiprex(IL) *323*
HONEY BEE VENOM 1648
Humalog KwikPen(KP) *101*
Humalog Mix25 KwikPen(KP) *102*
Humalog Mix25(LY) *102*
Humalog Mix50 KwikPen(KP) *102*
Humalog Mix50(LY) *102*
Humalog U200 Kwikpen(LY) *101*
Humalog(LY) *101*
HUMAN CHORIONIC GONADOTROPHIN 273
Humira (VE)... *545*, *547*, *549*, *550*, *551*, *552*, *555*, *557*, *559*, *562*, *573*, *574*, *575*, *586*, *589*, *597*, *601*, *604*, *606*, *611*, *615*, *618*, *625*, *627*, *630*, *633*, *635*, *641*, *643*, *651*, *653*, *656*, *659*, *662*, *665*, *667*, *670*, *671*, *673*, *674*, *675*, *688*, *691*, *692*, *695*, *705*, *708*, *713*, *718*, *722*, *727*, *733*, *750*, *755*, *760*, *764*, *768*, *773*, *783*, *788*, *792*, *798*, *804*, *822*, *829*
Humira(VE).... *574*, *578*, *579*, *581*, *591*, *593*, *594*, *596*, *599*, *637*, *640*, *645*, *648*, *677*, *679*, *682*, *685*, *697*, *698*, *702*, *730*, *778*, *809*, *815*
Humulin 30/70(LY) *102*
Humulin NPH(LY) *101*
Humulin R (LY) *101*
HYALURONATE SODIUM 1642, 1643
Hycor(AS) *1611*, *1612*
Hydopa(AF) *180*
Hydrea(LM) *510*
HYDROCHLOROTHIAZIDE 182
HydroClean Plus 609602(HR) *1754*
HydroClean Plus 609606(HR) *1754*
HydroClean Plus 609608(HR) *1754*
HydroClean Plus Cavity 609622(HR) *1754*
Hydrocoll 900744(HR) *1757*
Hydrocoll 900936(HR) *1757*
Hydrocoll Thin 900758(HR) *1756*
HYDROCORTISONE 286
HYDROCORTISONE ACETATE
.DERMATOLOGICALS 241
.Repatriation Pharmaceutical Benefits Scheme 1726
.SENSORY ORGANS 1611
HYDROCORTISONE SODIUM SUCCINATE 30, 286
Hydrocortisone Viatris 20(AL) *286*
Hydrocortisone Viatris 4(AL) *286*
HYDROMORPHONE .1416, 1417, 1418, 1419, 1693, 1694
Hydromorphone hydrochloride oral solution, USP (Medsurge)(DZ) *1418*, *1421*, *1695*
HYDROMORPHONE JUNO(JU) *1419*, *1694*
HYDROMORPHONE JUNO-HP(JU) *1419*, *1694*
Hydromorphone-hameln (HW) *1419*, *1694*
Hydromorphone-hameln-HP (HW) *1419*, *1694*
Hydrosorb 900854(HR) *1759*
Hydrosorb Comfort 900723(HR) *1758*
Hydroxo-B12(AS) *162*
HYDROXOCOBALAMIN 162, 1722
HYDROXYCARBAMIDE 510
HYDROXYCARBAMIDE MEDSURGE (DZ) *510*
HYDROXYCHLOROQUINE 1395
Hydroxychloroquine GH(GQ) *1395*
HYDROXYETHYL STARCH 130/0.4 + SODIUM CHLORIDE 162
Hygroton 25(GH) *182*
Hylo-Forte(AE) *1643*
Hylo-Fresh(AE) *1643*
Hymenoptera Paper Wasp Venom(DE) *1648*
HYOSCINE BUTYLBROMIDE 30, 1691, 1717
HYOSCINE BUTYLBROMIDE MEDSURGE(DZ) ..*30*, *1691*, *1717*
HYOSCINE BUTYLBROMIDE SXP (XN) *30*, *1691*, *1717*
HYOSCINE BUTYLBROMIDE-AFT (AE) *30*, *1691*, *1717*
Hypnodorm(AF) *1738*
HYPROMELLOSE 1643, 1644
Hyrimoz (SZ) . *547*, *549*, *551*, *552*, *557*, *562*, *563*, *565*, *567*, *569*, *571*, *573*, *575*, *576*, *579*, *582*, *584*, *586*, *588*, *593*, *597*, *599*, *604*, *608*, *609*, *610*, *611*, *618*, *620*, *622*, *628*, *630*, *635*, *643*, *648*, *653*, *656*, *659*, *670*, *673*, *674*, *679*,

682, *685*, *688*, *695*, *702*, *705*, *718*, *727*, *733*, *737*, *741*, *744*, *748*, *760*, *765*, *769*, *778*, *788*, *798*, *822*
Hyrimoz(SZ)...*545*, *547*, *549*, *550*, *551*, *552*, *553*, *555*, *557*, *559*, *560*, *562*, *565*, *567*, *573*, *574*, *575*, *584*, *586*, *589*, *593*, *597*, *601*, *604*, *606*, *608*, *611*, *615*, *618*, *622*, *625*, *627*, *630*, *633*, *635*, *641*, *643*, *651*, *653*, *656*, *659*, *662*, *665*, *667*, *670*, *671*, *673*, *674*, *675*, *688*, *691*, *692*, *695*, *705*, *708*, *713*, *718*, *722*, *727*, *733*, *741*, *745*, *750*, *751*, *755*, *756*, *760*, *765*, *768*, *773*, *783*, *788*, *792*, *798*, *804*, *822*, *829*
Hysone 20(AF)... *286*
Hysone 4(AF)... *286*
IBANDRONATE... 1400
Ibilex 125 (AF) ... *308*
Ibilex 250 (AF) ... *309*
Ibilex 250(AF) ... *308*, *310*
Ibilex 500(AF) ... *308*, *309*, *310*
Ibrance(PF)... *429*
IBRUTINIB... 450, 451, 452
IBUPROFEN... 1393, 1693
ICATIBANT... 165
Icatibant Lupin(GQ) ... *165*
ICHTHAMMOL... 1727
ICHTHAMMOL + ZINC OXIDE ... 1727
Iclusig(TK)... *402*, *403*, *407*
ICOSAPENT ETHYL ... 230
IDELALISIB... 455, 456
Ikervis(CS) ... *1642*
Ikotab (AF) ... *174*, *175*
Ilumya(RA)... *1158*, *1165*
Imanib(AF) *365*, *366*, *367*, *368*, *369*, *370*, *371*, *372*, *373*, *376*, *377*, *378*, *379*, *380*, *381*, *382*, *383*, *384*, *385*, *386*, *387*, *388*
Imatab(JU) *374*, *384*, *388*, *389*, *390*, *391*, *392*, *393*
IMATINIB365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 390, 391, 392
Imatinib GH(GQ)....*365*, *366*, *367*, *369*, *370*, *371*, *372*, *373*, *377*, *378*, *379*, *381*, *383*, *384*, *387*
IMATINIB RBX (RA)365, *366*, *367*, *368*, *369*, *370*, *371*, *372*, *373*, *376*, *377*, *378*, *379*, *380*, *381*, *382*, *383*, *384*, *385*, *386*, *387*, *388*
Imatinib Sandoz(SZ) *365*, *366*, *367*, *368*, *369*, *370*, *371*, *372*, *373*, *376*, *377*, *378*, *379*, *380*, *381*, *382*, *383*, *384*, *385*, *386*, *387*, *388*
IMATINIB-DRLA (RZ) *365*, *366*, *367*, *368*, *369*, *370*, *371*, *372*, *373*, *376*, *377*, *378*, *379*, *380*, *381*, *382*, *383*, *384*, *385*, *386*, *387*, *388*
Imatinib-Teva (TB) .*365*, *366*, *367*, *368*, *369*, *370*, *371*, *372*, *373*, *376*, *377*, *378*, *379*, *380*, *381*, *382*, *383*, *384*, *385*, *386*, *387*, *388*
Imazan(ZS)... *1386*
Imbruvica(JC) ... *450*, *451*, *452*, *453*
Imdur 120 mg(IX)... *174*
Imdur Durule(IX) ... *174*
Imigran FDT(AS)... *1454*
Imigran(LN)... *1454*
IMIPRAMINE ... 1518
Imipramine (Leading)(QY) ... *1518*
IMIQUIMOD ... 256, 1727, 1728
Imoclone (RW)... *1739*
Imovane(SW)... *1739*
Implanon NXT(OQ)... *260*
Imrest(AF)... *1739*
Imuran(AS) ... *1386*
Inadine(KI) ... *1763*
INCLISIRAN... 231
Incruse Ellipta(GK)... *1601*
INDACATEROL ... 1561, 1562
INDACATEROL + GLYCOPYRRONIUM ... 1589, 1590
INDACATEROL + GLYCOPYRRONIUM + MOMETASONE ... 1590
INDACATEROL + MOMETASONE ... 1582, 1583
INDAPAMIDE ... 182, 183
Inderal(IX)... *187*, *188*
Indocid(AS)... *1391*, *1692*
INDOMETACIN ... 1391, 1692
INFLIXIMAB 1005, 1007, 1008, 1009, 1010, 1011, 1012, 1014, 1016, 1017, 1019, 1021, 1022, 1024, 1025, 1027, 1028, 1030, 1032, 1734
Inlyta(PF)... *445*, *446*
iNova Pharmaceuticals (Australia) Pty Ltd(IL) *1557*, *1558*
Inpler(AF) ... *184*, *185*
Inqovi 35/100(TJ) ... *346*, *347*, *348*
Inrebic(BQ)... *438*
Insig (RW) ... *183*
Inspra (GO) ... *184*, *185*
INSULIN ASPART... 101
INSULIN ASPART + INSULIN ASPART PROTAMINE ... 102
INSULIN DEGLUDEC ... 102
INSULIN DEGLUDEC + INSULIN ASPART ... 102
INSULIN DETEMIR... 102
INSULIN GLARGINE... 103
INSULIN GLULISINE... 101
INSULIN ISOPHANE HUMAN... 101
INSULIN LISPRO ... 101
INSULIN LISPRO + INSULIN LISPRO PROTAMINE ... 102
INSULIN NEUTRAL HUMAN ... 101
INSULIN NEUTRAL HUMAN + INSULIN ISOPHANE HUMAN... 102
INTERFERON BETA-1B ... 530
Intrasite Gel 7313(SN)... *1759*
Intuniv(TK)... *1535*
Invega Hafyera(JC) ... *1508*
Invega Sustenna(JC)... *1507*
Invega Trinza(JC) ... *1508*
Invega(JC)... *1507*
Iodosorb 66051330(SN) ... *1746*
Iodosorb 66051340(SN) ... *1745*
Iodosorb 66051360(SN) ... *1746*
Iodosorb Ointment 66051230(SN)... *1746*
Iodosorb Ointment 66051240(SN)... *1746*
Iodosorb Powder 66051070(SN) ... *1746*
Ionil-T(GA)... *1727*
I-Pantoprazole (CR)... *58*, *59*, *60*, *61*
IPRATROPIUM ... 1597
IPTACOPAN... 1381
Iptam (AL)... *1454*
Iqirvo(IS)... *73*, *74*, *75*
IRBESARTAN ... 207
IRBESARTAN + HYDROCHLOROTHIAZIDE ... 211
IRBESARTAN HCTZ-WGR 150/12.5(WG)... *211*
IRBESARTAN HCTZ-WGR 300/12.5(WG)... *211*
IRBESARTAN HCTZ-WGR 300/25(WG)... *211*, *212*
Irbesartan Sandoz(SZ) ... *207*, *208*
Irbesartan/HCT Sandoz (SZ)... *211*
IRBESARTAN-WGR (WG) ... *207*, *208*
IRON POLYMALTOSE... 161
IRON SUCROSE... 161
Isabelle (GQ) ... *259*
Iscover(AV)... *147*, *148*
ISOBIDE MR(RF) ... *174*
Isoleucine 1000(VF) ... *1687*
Isoleucine 50(VF) ... *1687*
ISOLEUCINE WITH CARBOHYDRATE... 1686
ISONIAZID ... 329
Isoptin 180 SR(GO)... *195*
Isoptin SR(GO)... *195*
Isoptin(GO)... *195*
Isopto Carpine(NV)... *1613*, *1614*

Isordil Sublingual(RW) *174*
ISOSORBIDE DINITRATE 174
ISOSORBIDE MONONITRATE 174
ISOSORBIDE MR-WGR (WG) *174*
ISOTRETINOIN 249, 250
Isotretinoin Dr.Reddy's(RZ) *250*
Isotretinoin GX (SZ) *250*
Isotretinoin GX(SZ) *250*
Isotretinoin Lupin (GQ) *250*
Isotretinoin Lupin(GQ) *250*
ISOTRETINOIN-WGR (WG) *250*
ISOTRETINOIN-WGR(WG) *250*
Isturisa(RJ) *289*, *290*
Itracap(AF) *326*
ITRACONAZOLE 325
ITRANOX (RW) *326*
IVABRADINE 176
IVABRADINE-WGR(WG) *176*, *177*
IVERMECTIN 1560
IVOSIDENIB 508
iXarola(AL) *155*, *156*, *157*, *158*, *159*, *160*
IXEKIZUMAB 1080, 1081, 1084, 1088, 1093
Jakavi(NV) *440*, *441*, *442*, *443*, *444*, *445*
Janumet (XW) *115*, *116*
Janumet XR(XW) *115*, *116*
Januvia(XW) *122*, *123*
Jardiamet 12.5 mg/1000 mg(BY) *111*, *112*
Jardiamet 12.5 mg/500 mg(BY) *111*, *112*
Jardiamet 5 mg/1000 mg(BY) *111*, *112*
Jardiamet 5 mg/500 mg(BY) *111*, *112*
Jardiance(BY) *130*, *131*, *132*, *133*
Jelonet 7404(SN) *1753*
Jext Jnr(KB)
.CARDIOVASCULAR SYSTEM *172*
.RESPIRATORY SYSTEM *1604*
Jext(KB)
.CARDIOVASCULAR SYSTEM *171*
.RESPIRATORY SYSTEM *1603*
Jinarc(OS) *186*, *187*
JJ 12010(JJ) *1763*
Jorveza(FD) *92*, *93*
Jubbonti (SZ) *1408*
K.Yo(VF) *1685*
Kalixocin(AF) *315*
Kalma 0.25(AF) *1512*
Kalma 0.5 (AF) *1512*
Kalma 1 (AF) *1512*
Kaltostat 168117(CC) *1746*
Kaltostat 168210(CC) *1747*
Kaltostat 168212(CC) *1746*
Kapanol(YN) *1429*, *1696*, *1697*, *1698*
Kaptan(ZS) *1504*
Karvea (SW) *207*, *208*
Karvezide 150/12.5 (SW) *211*
Karvezide 300/12.5 (SW) *211*
Karvezide 300/25 (SW) *211*, *212*
Keflex(AS) *308*, *309*, *310*
Keflor (AF) *311*
Keflor CD(AF) *311*
Kenacomb Otic(AS) *1647*
Kenacort-A10(AS) *288*, *289*
Keppra (UC) *1475*, *1476*
Kerendia(BN) *185*
Kerron(ZS) *1475*, *1476*
Kesimpta(NV) *1370*
KetoCal 3
1(SB) *1686*
KetoCal 4
1 LQ(SB) *1685*
1(SB) *1686*
Keto-Diastix(DX) *1653*
KetoVie 3
1(QH) *1686*
KetoVie 4
1(QH) *1686*
KetoVie Peptide 4
1(QH) *1686*
keyomega(VF) *1681*
Kindergen(SB) *1689*
Kinson (AF) *1486*, *1487*
Kisqali(NV) *430*, *431*, *432*, *433*
Klacid(GO) *315*
Klarvanta(XT) *239*, *240*
Kombiglyze XR 2.5/1000(AP) *114*
Kombiglyze XR 5/1000(AP) *114*
Kombiglyze XR 5/500(AP) *114*
Konakion MM(PB) *31*
Koselugo(XI) *424*
Kuvan(IO) *141*, *142*, *143*, *144*
Kyleena(SY) *256*
Kytril(IX) *67*
L.C.E. Sandoz (HX) *1487*, *1488*, *1489*
LABETALOL 192
LACOMED(DZ) *1468*, *1469*, *1470*, *1471*, *1472*
Lacosam (AF) *1468*, *1469*, *1471*, *1472*
LACOSAMIDE 1468, 1469, 1470, 1471, 1472
Lacosamide ARX(XT) *1468*, *1469*, *1471*, *1472*
Lacosamide Lupin (GQ) *1468*, *1469*, *1471*, *1472*
Lacosamide Sandoz (SZ) *1468*, *1470*
Lacosamide Sandoz(SZ) *1468*, *1469*, *1471*, *1472*
Lagevrio(MK) *335*
Lamictal(AS) *1473*, *1474*, *1475*
Lamisil DermGel(NP) *1724*
Lamisil(NP) *238*, *1724*
LAMITAN (RF) *1473*, *1474*
LAMOTRIGINE 1472, 1473, 1474
Lamotrigine GH(GQ) *1473*, *1474*, *1475*
LAMOTRIGINE-WGR (WG) *1473*, *1474*
LANADELUMAB 165
Lanoxin(AS) *167*
Lanoxin-PG(AS) *167*
LANSOPRAZOLE 47, 48, 49, 50, 51
Lansoprazole ODT GH (GQ) *48*, *49*, *50*, *51*
LANTHANUM 1649
Lanvis(AS) *344*
Lanzopran (RA) *48*, *49*, *50*, *51*
LAPATINIB 436
Largactil(IX) *29*, *1498*
LAROTRECTINIB 463, 464, 465
Lasix(SW) *29*, *183*
LATANOPROST 1618, 1619
LATANOPROST + TIMOLOL 1619
Latanoprost Sandoz (SZ) *1618*, *1619*
Lavione (AF) *1499*
Lax-Tab(AE) *83*, *84*
Lecteva(TB) *1487*, *1488*, *1489*
Ledaga(XT) *341*
LEFLUNOMIDE 1383, 1384, 1385
Leflunomide generichealth (HQ) *1384*, *1385*
Leflunomide Sandoz(SZ) *1384*, *1385*
LEFLUNOMIDE-WGR (WG) *1384*, *1385*
Lenest 30 ED (AF) *260*
Lengout (LN) *1398*
Lentocilin S 1200 (Portugal)(NG) *28*, *303*
LENVATINIB 466, 467, 468, 469
Lenvima(EI) *466*, *467*, *468*, *469*, *470*
Leqvio(NV) *231*, *234*
Lercan (RW) *194*
LERCANIDIPINE 194
LERCANIDIPINE + ENALAPRIL 203

LERCANIDIPINE-WGR(WG) *194*
LETROZOLE 527
Letrozole GH (HQ) *527*, *528*
Letrozole Sandoz(SZ) *527*, *528*
LETROZOLE-WGR (WG) *527*, *528*
Leucovorin Calcium (Hospira Pty Limited)(PF) *1652*
Leucovorin Calcium (Pfizer Australia Pty Ltd)(PF) *1652*
Leukeran(AS) *341*
Leukoflex 1124(BV) *1764*
Leukoplast 01071-00(BV) *1764*
Leukoplast 01072-00(BV) *1764*
Leukoplast 01073-00(BV) *1764*
Leukopor 2471(BV) *1764*
Leukopor 2472(BV) *1764*
Leukopor 2474(BV) *1764*
Leukosilk 1021(BV) *1764*
Leukosilk 1022(BV) *1764*
Leukosilk 1024(BV) *1764*
LEUPRORELIN 517, 518
LEUPRORELIN (&) BICALUTAMIDE 518
Levactam(ZS) *1475*, *1476*
Levemir FlexPen(NF) *102*
Levemir Penfill(NO) *102*
LEVETH 150/30 ED(WG) *260*
LEVETIRACETAM 1475, 1476
Levetiracetam GH (GQ) *1475*, *1476*
Levetiracetam GH(GQ) *1475*, *1476*
Levetiracetam Mylan(AL) *1475*, *1476*
Levetiracetam SZ (SZ) *1475*, *1476*
Levetiracetam SZ(SZ) *1475*, *1476*
Levetiracetam Viatris (MQ) *1475*, *1476*
Levetiracetam Viatris(MQ) *1475*, *1476*
Levetiracetam-AFT (AE) *1475*, *1476*
LEVETIRACETAM-WGR (WG) *1475*, *1476*
LEVETIRACETAM-WGR(WG) *1475*, *1476*
Levi 1000 (RW) *1475*, *1476*
Levi 250 (RW) *1475*, *1476*
Levi 500(RW) *1475*, *1476*
Levlen ED(XW) *260*
LEVODOPA + BENSERAZIDE 1484, 1485
LEVODOPA + CARBIDOPA 1486, 1487
LEVODOPA + CARBIDOPA + ENTACAPONE . 1487, 1488
LEVONORGESTREL
.GENITO URINARY SYSTEM AND SEX HORMONES 256, 260
LEVONORGESTREL + ETHINYLESTRADIOL
.GENITO URINARY SYSTEM AND SEX HORMONES 260
Levothox (AF) *292*, *293*
LEVOTHYROXINE 290, 291, 292
Levothyroxine Lup(GQ) *292*, *293*
Levothyroxine Sandoz (SZ) *292*, *293*
LEVOXINE(RA) *291*
Lexam 10 (RW) *1520*, *1521*
Lexam 10(RW) *1519*, *1520*
Lexam 20 (RW) *1520*, *1521*
Lexam 20(RW) *1519*, *1520*
Lexapro(LU) *1519*, *1520*, *1521*, *1522*, *1523*
Lexotan(PB) *1738*
LIDOCAINE
.CARDIOVASCULAR SYSTEM 168
.Prescriber Bag 30
.Repatriation Pharmaceutical Benefits Scheme 1725
LIGHT LIQUID PARAFFIN + COCOAMPHODIACETATE DISODIUM 1728
LIGNOCAINE INJECTION (BRIDGEWEST)(WZ) *30*
LINAGLIPTIN 120
LINAGLIPTIN + METFORMIN 112, 113
LINCOMYCIN 317
LINCOMYCIN SXP(XN) *317*
Link Medical Products Pty Ltd (LM) *255*, *329*
Link Medical Products Pty Ltd(LM)
.Prescriber Bag *28*
Link Medical Products Pty Ltd(LM)
.CARDIOVASCULAR SYSTEM *169*
Link Medical Products Pty Ltd(LM)
.CARDIOVASCULAR SYSTEM *169*
Link Medical Products Pty Ltd(LM)
.DERMATOLOGICALS *255*
Link Medical Products Pty Ltd(LM)
.ANTIINFECTIVES FOR SYSTEMIC USE *329*
Link Medical Products Pty Ltd(LM)
.RESPIRATORY SYSTEM *1601*
Link Medical Products Pty Ltd(LM)
.RESPIRATORY SYSTEM *1601*
Lioresal 10(NV) *1396*, *1397*
Lioresal 25(NV) *1396*, *1397*
LIOTHYRONINE 293
Lipex 20(AL) *224*
Lipex 40(AL) *224*
Lipidil(GO) *225*
Lipigem (AF) *225*
Lipistart(VF) *1666*
Lipitor(AS) *221*, *222*
Lipostat 10 (RF) *222*
Lipostat 20(RF) *222*
Lipostat 40(RF) *222*
Lipostat 80 (RF) *222*
LIQUID PARAFFIN + GLYCEROL + TYLOXAPOL + POLOXAMER-188 + TROMETAMOL HYDROCHLORIDE + TROMETAMOL + CETALKONIUM CHLORIDE 1644
Liquigen(SB) *1654*
LISDEXAMFETAMINE 1538
LISINOPRIL 197
Lisinopril Sandoz(SZ) *197*
LISINOPRIL-WGR (WG) *197*
Lithicarb(AS) *1531*
LITHIUM CARBONATE 1531
Locasol(SB) *1671*
Loceryl(GA) *1723*
Lofenoxal(IL) *90*
Logem(AL) *1473*, *1474*
Logicin Rapid Relief(AS) *1739*
Logynon ED(SY) *260*
Lomotil(IM) *90*
Loniten(PF) *182*
Lonsurf 15/6.14(SE) *349*
Lonsurf 20/8.19(SE) *349*
LOPERAMIDE 90, 91, 1719
LORATADINE 1740
LORLATINIB 420
Lorstat 10 (AF) *221*
Lorstat 20 (AF) *221*
Lorstat 40 (AF) *221*
Lorstat 80 (AF) *221*, *222*
Lorviqua(PF) *420*
Losec Tablets(PB) *52*, *53*, *54*, *55*, *56*, *57*
LoxaLate (AF) *1519*, *1520*
LoxaLate(AF) *1520*, *1521*
Lozanoc(YN) *326*
LPV (IL) *303*, *304*
LUBRICATING AGENT 1741
Lubri-Gel(PP) *1741*
Lucentis(NV) *1634*, *1635*, *1636*, *1637*, *1638*, *1639*
Lucinda(GQ) *260*
Lucrin Depot 3 Month PDS(VE) *517*
Lucrin Depot 4 Month PDS(VE) *517*
Lucrin Depot 6-Month(VE) *517*
Lucrin Depot 7.5mg PDS(VE) *517*

Lucrin Depot Paediatric 30 mg PDS(VE) *518*
LUMASIRAN 137, 138
Lumigan (VE) *1617*
Lumigan PF(VE) *1617*, *1618*
Lumin 10(AF) *1531*, *1532*
Lumin 20(AF) *1532*
Lunava 10(RW) *1384*
Lunava 20(RW) *1384*, *1385*
LURASIDONE 1499
Lurasidone Lupin(GQ) *1499*
Lurasidone Sandoz (SZ) *1499*
LURASIDONE SUN(RA) *1499*
LURASIDONE-WGR (WG) *1499*
Luvox(GO) *1523*, *1524*
Lyclear(UI) *1560*
Lynparza(AP) *503*, *504*, *505*, *506*, *507*, *508*
Lyrica(GO) *1452*
LYSINE + THIAMINE + PYRIDOXINE + CYANOCOBALAMIN + FERRIC PYROPHOSPHATE 1720
Lytgobi(TJ) *457*
Lyzalon(AF) *1452*
MACROGOL-3350 ..... 86, 1691
MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE 87, 1692
Macrovic (RF) *87*, *88*, *1692*
Madopar 125(RO) *1485*, *1486*
Madopar 62.5(RO) *1485*
Madopar HBS(RO) *1485*
Madopar Rapid 125(RO) *1485*
Madopar Rapid 62.5(RO) *1485*
Madopar(RO) *1485*, *1486*
MagMin (PBS)(BB) *136*
Magmin(BB) *1721*
MAGNESIUM 136, 1721
Mag-Sup (PP) *136*
Mag-Sup(PP) *1721*
Malarone (GK) *1558*
Malean(RW) *196*, *197*
Marevan (GT) *145*, *146*
Marevan(GT) *145*
MAVACAMTEN 177, 178
Mavenclad (SG) *543*
Maviret(VE) *339*
Maxalt(AL) *1453*
Maxamox(SZ) *300*, *301*
Maxolon(IL) *66*, *1691*
Maxor (AF) *52*, *53*, *54*, *55*, *56*, *57*
Maxor EC Tabs (AF) *52*, *53*, *54*, *55*, *56*, *57*
MAYNE PHARMA 5FU(SZ) *1734*
Mayne Pharma Doxycycline(YT) *297*, *298*, *299*, *300*
Mayne Pharma Erythromycin(YT) *315*
Mayne Pharma Oxycodone IR(SZ) *1432*, *1434*
Mayzent(NV) *1283*, *1284*
MCT Oil(SB) *1654*
MEBENDAZOLE 1739
MEBEVERINE 1717
Medicianz Mupirocin Ointment(DZ) *1725*
Medipore 2961(MM) *1764*
MEDIUM CHAIN TRIGLYCERIDES 1654
MEDROXYPROGESTERONE
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 515
.GENITO URINARY SYSTEM AND SEX HORMONES 261, 268, 269
MEDSURGE HYDROMORPHONE 2 mg/1 mL (DZ) .. *1419*, *1694*
MEDSURGE HYDROMORPHONE HP 10 mg/1 mL (DZ) *1419*, *1694*
MEFENAMIC ACID 1395
Mefix 310250(MH) *1764*
Megafol 0.5 (AF) *162*, *1723*
Megafol 5(AF) *162*, *1723*
Mekinist(NV) *424*, *425*, *426*
Mektovi(FB) *421*
MELATONIN 1516
Melgisorb Ag 256055(MH) *1748*
Melgisorb Ag 256105(MH) *1748*
Melgisorb Ag 256605(MH) *1747*
Melizide(AF) *106*
MELOBIC (RF) *1392*
MELOBIC(RF) *1392*
Melolin 36361357(SN) *1761*
Melolin 66974933(SN) *1760*
Meloxibell (GQ) *1392*
MELOXICAM 1391, 1392
Meloxicam Sandoz(SZ) *1392*
Meloxicam Viatris (AL) *1392*
MELOXICAM-WGR(WG) *1392*
MELPHALAN 342
MEMANTINE 1550
Memantine generichealth(GQ) *1550*, *1551*
Memanxa (RW) *1550*, *1551*
Mepilex 294100(MH) *1752*
Mepilex Ag(MH) *1751*
Mepilex Border Ag(MH) *1751*
Mepilex Border Flex 595211(MH) *1751*
Mepilex Border Flex 595311(MH) *1751*
Mepilex Border Flex 595611(MH) *1751*
Mepilex Border Flex Lite 581011(MH) *1752*
Mepilex Border Flex Lite 581100(MH) *1752*
Mepilex Border Flex Lite 581300(MH) *1752*
Mepilex Border Heel 282750(MH) *1751*
Mepilex Border Lite 281000(MH) *1751*
Mepilex Border Lite 281100(MH) *1751*
Mepilex Border Lite 281300(MH) *1752*
Mepilex Border Sacrum 282050(MH) *1751*
Mepilex Border Sacrum 282450(MH) *1751*
Mepilex Lite 284000(MH) *1752*
Mepilex Lite 284100(MH) *1752*
Mepilex XT 211015(MH) *1749*
Mepilex XT 211100(MH) *1749*
Mepilex XT 211400(MH) *1749*
Mepitac 298300(MH) *1765*
Mepitac 298400(MH) *1765*
Mepitel 290510(MH) *1760*
Mepitel 290710(MH) *1760*
Mepitel One 289100(MH) *1762*
Mepitel One 289500(MH) *1762*
MERCAPTOPURINE 344
MERCAPTOPURINE-LINK (LM) *344*
MESALAZINE 94, 95, 96, 97, 98
Mesalazine 1.2 TAKEDA(NQ) *97*
MESALZ(RA) *97*
Mesasal(GO) *95*, *96*
MESNA 1652
Mesorb 677001(MH) *1761*
Mesorb 677401(MH) *1761*
Mesorb 677701(MH) *1761*
Mestinon Timespan(IL) *1551*
Mestinon(IL) *1551*
Metamucil Natural Granular(PY) *1718*
Metamucil Orange Smooth(PY) *1718*
Metex XR (RW) *103*, *104*
METEX XR(RF) *103*, *104*
METFORMIN 103, 104
Metformin GH(HQ) *103*, *104*
Metformin Lupin XR (GQ) *103*, *104*
Metformin Lupin XR(GQ) *103*, *104*
Metformin Sandoz (SZ) *103*, *104*

Metformin Sandoz XR (SZ) *103*, *104*
Metformin Sandoz XR(SZ) *103*, *104*
Metformin Sandoz(SZ) *104*
METFORMIN-WGR (WG) *104*
METFORMIN-WGR XR (WG) *103*, *104*
METFORMIN-WGR XR(WG) *103*, *104*
METFORMIN-WGR(WG) *103*, *104*
METHADONE
.NERVOUS SYSTEM 1439
.Palliative Care 1702, 1703
METHADONE-AFT(AE) *1441*, *1703*
METHENAMINE HIPPURATE 323
Methoblastin (PF)
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS *343*, *1387*
Methoblastin(PF)
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS *343*, *344*, *1388*
Methopt(AF) *1643*, *1644*
METHOTREXATE
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 343, 344, 1387, 1388
METHOXYFLURANE 30
METHYL SALICYLATE + MENTHOL + CAMPHOR + EUCALYPTUS OIL + PINE OIL PUMILIO + TURPENTINE OIL + PEPPERMINT OIL + CAJUPUT OIL + CAPSICUM EXTRACT 1735
METHYLDOPA 180
METHYLNALTREXONE 1692
METHYLPHENIDATE 1538, 1539, 1540, 1541, 1542, 1543, 1544
Methylphenidate Sandoz XR (SZ) *1539*, *1541*, *1542*
Methylphenidate XR ARX (XT) *1539*, *1541*, *1542*
METHYLPHENIDATE-TEVA XR(TB) *1539*, *1541*, *1542*
METHYLPREDNISOLONE
.DERMATOLOGICALS 244, 245, 246
.SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS 287
METOCLOPRAMIDE 30, 66, 1691
Metoclopramide HCl Medsurge(DZ) *30*, *66*, *1691*
METOCLOPRAMIDE INJECTION BP (WZ) *30*, *66*, *1691*
METOCLOPRAMIDE-WGR(WG) *66*, *1691*
Metoprolol Sandoz (SZ) *190*
METOPROLOL SUCCINATE 189, 190
METOPROLOL TARTRATE 190
METOPROLOL-WGR(WG) *190*
Metrogyl 200(XT) *322*
Metrogyl 400(XT) *322*
Metrol 100 (RW) *190*
Metrol 50 (RW) *190*
Metrol-XL 190(RW) *189*, *190*
Metrol-XL 23.75(RW) *189*
Metrol-XL 47.5(RW) *190*
Metrol-XL 95(RW) *190*
METRONIDAMED (DZ) *322*
METRONIDAZOLE 322
Metvant (Fatty)(NB) *244*, *245*, *246*
Metvant(NB) *244*, *245*, *246*
Mextra Superabsorbent 610000(MH) *1761*
Mextra Superabsorbent 610300(MH) *1761*
Mextra Superabsorbent 610500(MH) *1761*
Mezavant (TK) *97*
MEZTAS(TN) *97*
Miacalcic 100(EU) *296*
MIANSERIN 1531, 1532
Micardis Plus 40/12.5 mg(BY) *213*
Micardis Plus 80/12.5 mg(BY) *213*
Micardis Plus 80/25 mg(BY) *213*
Micardis(BY) *209*
Micolette(AE) *88*, *89*, *1692*, *1718*
MICONAZOLE 238
Microdacyn(TF) *1763*
Microgynon 50 ED(XW) *260*
Microlut 28(XW) *260*
Micronelle 30 ED (TX) *260*
MIDAZOLAM 30, 1514
MIFEPRISTONE (&) MISOPROSTOL 275
MIGALASTAT 139
Mila(NB) *259*
MILK POWDER SYNTHETIC LOW CALCIUM 1671
MILK PROTEIN AND FAT FORMULA WITH VITAMINS AND MINERALS CARBOHYDRATE FREE 1687
Minax 100(AF) *190*
Minax 50(AF) *190*
Minax XL (AF) *189*, *190*
Minidiab (PF) *106*
Minipress (PF) *181*
Minirin Melt(FP) *280*, *281*, *282*
Minirin Nasal Spray(FP) *279*, *282*
Minirin(FP) *278*, *279*, *280*
Minitran 5(IL) *173*
MINOCYCLINE 300
Minomycin-50 (AS) *300*
MINOXIDIL 182
Mirena(BN) *256*
MIRTANZA (RF) *1532*, *1533*
MIRTANZA ODT(RF) *1532*, *1533*
MIRTAZAPINE 1532
Mirtazapine Sandoz(SZ) *1532*, *1533*
MIRTAZAPINE-WGR (WG) *1532*, *1533*
Mistrom(ZS) *190*
Mizart (AF) *208*, *209*
Mizart HCT 40/12.5 mg (AF) *213*
Mizart HCT 80/12.5 mg (AF) *213*
Mizart HCT 80/25 mg (AF) *213*
MMA/PA Anamix infant(SB) *1677*
MMA/PA Anamix Junior(NU) *1677*
MMA/PA explore5(VF) *1678*
MMA/PA express 15(VF) *1677*
Mobic(BY) *1392*
MOCLOBEMIDE 1526, 1527
Moclobemide Sandoz(SZ) *1526*, *1527*
MOCLOBEMIDE-WGR (WG) *1526*, *1527*
Modafin (RW) *1545*
MODAFINIL 1544
Modafinil GH(GQ) *1545*
Modafinil Sandoz (SZ) *1545*
Modafinil Viatris(AL) *1545*
MODAFINIL-WGR (WG) *1545*
Modavigil(FW) *1545*
MODIFIED LONG CHAIN AMYLOPECTIN 1667
Moduretic(AS) *186*
Mogadon (IL) *1460*, *1515*, *1706*
MOLNUPIRAVIR 333
MOMELOTINIB 438, 439
MOMETASONE 246, 247, 248, 1726
Monace 10 (AF) *197*
Monace 20 (AF) *197*
Monodur 120 mg(IY) *174*
Monofer(FK) *161*
Monogen(SB) *1666*
MONTELAIR 4 (RF) *1606*, *1607*
MONTELAIR 5 (RF) *1606*, *1607*
MONTELUKAST 1605, 1606, 1607
Montelukast Lupin(HQ) *1606*, *1607*
Montelukast Sandoz 4 (SZ) *1606*, *1607*
Montelukast Sandoz 5 (SZ) *1606*, *1607*
Montelukast Viatris(AL) *1606*, *1607*
MONTELUKAST-WGR (WG) *1606*, *1607*

MORPHINE31, 1421, 1422, 1424, 1425, 1426, 1428, 1430, 1695, 1696, 1697, 1698, 1736
Morphine Juno(JU)31, 1421, 1422, 1423, 1424, 1431, 1695, 1696, 1698
Morphine Phebra(FF) 1421, 1422, 1428, 1696
MORPHINE SULFATE 10 mg/1 mL MEDSURGE(DZ)1422, 1431, 1698
MORPHINE SULFATE 15 mg/1 mL MEDSURGE(DZ)... 31, 1421, 1424, 1696
MORPHINE SULFATE 30 mg/1 mL MEDSURGE(DZ)... 31, 1421, 1424, 1696
Motilium (JT) 66
Movalis 15 (RW) 1392
Movalis 7.5 (RW) 1392
Movapo Pen(TD) 1490
Movapo PFS(TD) 1489, 1490
MOVAPO POD(TD) 1489, 1490
Movapo(TD) 1489, 1490
Movox 100 (AF) 1523, 1524
Movox 50 (AL) 1523, 1524
Moxicam 15(AF) 1392
Moxicam 7.5(AF) 1392
Moxicam(AF) 1392
MOXONIDINE 180
Moxonidine GH(GQ) 180, 181
Moxonidine GX (SZ) 180, 181
Moxonidine Viatris(AL) 180, 181
MOXONIDINE-WGR (WG) 180, 181
Moxotens(RF) 180, 181
MS Contin(MF) 1425, 1429, 1430, 1696, 1697, 1736
MS Mono(MF) 1429, 1696, 1697
MS-2 Step (XH) 275
MSUD amino5(VF) 1681
MSUD Anamix infant(SB) 1680
MSUD Anamix Junior(SB) 1680
MSUD cooler 15(VF) 1680
MSUD cooler 20(VF) 1680
MSUD Easy Tablet(OH) 1674
MSUD explore5(VF) 1680
MSUD express 15(VF) 1680
MSUD Lophlex LQ 20(SB) 1680
MSUD Lophlex(SB) 1680
MSUD Maxamum(SB) 1680
MUPIROCIN
.Repatriation Pharmaceutical Benefits Scheme 1725, 1726
.RESPIRATORY SYSTEM 1560
Mupirocin Nasal (Medsurge)(DZ) 1561
MUPIROCIN-WGR (WG) 1725
Murelax(RW) 1513, 1514, 1706
MYCOBACTERIUM BOVIS BCG DANISH STRAIN 532
MYCOBACTERIUM BOVIS BCG TICE STRAIN 532
Myconail(AE) 1723
MYCOPHENOLATE 543
Mycophenolate GH(GQ) 543, 544
Mycophenolate Sandoz (SZ) 543, 544
Mycophenolic Acid ARX(XT) 543, 544
Mycostatin Oral Drops(LN) 1717
MYCOTEX (CR) 543, 544
Myfortic (NV) 543, 544
Myfortic(NV) 543, 544
Myleran(AS) 342
Mysoline(LM) 1458
NAFARELIN 282
NALOXONE 31, 1648
Naloxone Hydrochloride (DBL)(PF) 31, 1648, 1649
Naloxone Juno (JU) 31, 1648, 1649
NALOXONE SXP(XN) 31, 1648, 1649
NALTREXONE 1554
Naltrexone GH (GQ) 1555
Naprosyn SR1000(IX) 1393, 1394, 1693
Naprosyn SR750(IX) 1394, 1693
Naprosyn(IX) 1394, 1693
NAPROXEN 1393, 1394, 1395, 1693
Naramig(AS) 1453
NARATRIPTAN 1452, 1453
NARCAN(FF) 31
Nardil(NG) 1526
Natrilix SR (SE) 182, 183
Nebaloc (CR) 191
Nebilet (FK) 191
Nebilet(FK) 191
NEBIVOLOL 191
Nebivolol Lupin (GQ) 191
Nebivolol Lupin(GQ) 191
Nebivolol Sandoz (SZ) 191
Nebivolol Sandoz(SZ) 191
Nebivolol Viatris(AL) 191
NEBIVOLOL-WGR (WG) 191
neffy(CS)
.CARDIOVASCULAR SYSTEM *170*
.RESPIRATORY SYSTEM *1602*
Neo-B12 (PF) 162
Neo-B12(PF) 1722
Neocate Gold(SB) 1660, 1661, 1662
Neocate Junior Vanilla(SB) 1655, 1656, 1657
Neocate Junior(SB) 1668, 1669
Neocate LCP(SB) 1658, 1659
Neocate Syneo(SB) 1672, 1674
Neo-Mercazole(GH) 294
Neoral 10(NV) 1270
Neoral 100(NV) 1270
Neoral 25(NV) 1270
Neoral 50(NV) 1270
Neoral(NV) 1270
Neotigason(TB) 240
Nepexto (GQ) 861, 865, 885, 895, 898, 921, 937, 941, 949, 968
Nepexto(GQ) . 859, 867, 872, 874, 878, 893, 911, 912, 916, 924, 974
Nepiten(AF) 191
Nesina Met 12.5/1000(TK) 106, 107
Nesina Met 12.5/500(TK) 107
Nesina Met 12.5/850(TK) 107
Nesina(TK) 119, 120
NETUPITANT + PALONOSETRON 67
Neulactil(IX) 1498
Neupro(UC) 1495
Neuroccord (CR) 1452
Neurontin (GO) 1737
Neurontin(GO)
.Repatriation Pharmaceutical Benefits Scheme *1737, 1738*
Neurontin(GO)
.NERVOUS SYSTEM *1467, 1468*
Nexavar(BN) 478, 479
Nexazole (RW) 41, 42, 43, 44, 45, 46, 47
Nexcare Durable Cloth First Aid Tape 799(MM) 1764
Nexcare Gentle Paper First Aid Tape 789(MM) 1764
Nexcare Tegaderm Transparent H1624(MM) 1748
Nexcare Tegaderm Transparent H1626(MM) 1748
Nexium Hp7(AP) 65
Nexium(AP) 41, 42, 43, 44, 45, 46, 47
Nexole(RF) 41, 42, 43, 44, 45, 46, 47
Nextstellis(YN) 259
Nicabate P(GJ) 1553
NICORANDIL 174
nicorette 16hr Invisipatch(JT) 1553
NICOTINE 1552, 1553
Nicotinell Step 1(UI) 1553

Nicotinell Step 2(UI) *1553*
Nicotinell Step 3(UI) *1553*
Nidem (RW) *105*
NIFEDIPINE 194
NILOTINIB 393, 394, 395, 396, 397, 399, 400
Nilstat(AS)
.Repatriation Pharmaceutical Benefits Scheme *1728*
Nilstat(AS)
.ALIMENTARY TRACT AND METABOLISM *89*
NINTEDANIB 470, 471
NIRAPARIB 499, 500, 501, 502
NIRMATRELVIR (&) RITONAVIR 336
NITRAZEPAM
.NERVOUS SYSTEM 1460, 1515
.Palliative Care 1706
NITROFURANTOIN 323
Nitrofurantoin BNM (BZ) *323*
Nitrolingual Pumpspray(SW) *29*, *173*, *174*
Nizac(RF) *40*
NIZATIDINE 40
Nolvadex-D (AP) *521*
Nolvadex-D(AP) *520*
Nordip (AF) *193*
NORETHISTERONE
.GENITO URINARY SYSTEM AND SEX HORMONES 261, 270
NORETHISTERONE + ETHINYLESTRADIOL 260
NORFLOXACIN 320
Noriday 28 Day(PF) *261*
Norimin 28 Day(FZ) *260*
Norimin-1 28 Day(FZ) *260*
Normison(AS) *1515*, *1516*, *1707*
Norspan (MF) *1442*, *1704*
Norspan(MF) *1442*, *1704*
NORTRIPTYLINE 1518
Norvasc(AS) *193*
Noten (AF) *188*
NOUMED ALLOPURINOL(VO) *1397*
NOUMED Sildenafil(VO) *1730*
Novasone (AF) *246*, *247*, *248*
Novasone(AF) *246*, *247*, *248*
Novatears(AE) *1645*
NovoMix 30 FlexPen(NF) *102*
NovoMix 30 Penfill 3 mL(NO) *102*
NovoRapid FlexPen(NF) *101*
NovoRapid Penfill 3 mL(NO) *101*
NovoRapid(NO) *101*
Noxicid Caps(AL) *41*, *42*, *43*, *44*, *45*, *46*, *47*
Nubeqa(BN) *523*, *524*
Nuelin(IL) *1605*
Nuelin-SR 200(IL) *1605*
Nuelin-SR 250(IL) *1605*
Nuelin-SR 300(IL) *1605*
Nu-Gel 2497(KI) *1759*
Nupentin 100 (AF)
.Repatriation Pharmaceutical Benefits Scheme *1737*
Nupentin 100 (AF)
.NERVOUS SYSTEM *1467*
Nupentin 300 (AF)
.Repatriation Pharmaceutical Benefits Scheme *1737*
Nupentin 300 (AF)
.NERVOUS SYSTEM *1467*
Nupentin 400 (AF)
.Repatriation Pharmaceutical Benefits Scheme *1738*
Nupentin 400 (AF)
.NERVOUS SYSTEM *1468*
Nutrini Peptisorb Energy(NU) *1654*
Nutrini Peptisorb(SB) *1666*
NuvaRing(OQ) *257*
Nuvigil(FW) *1536*
NYSTATIN
.ALIMENTARY TRACT AND METABOLISM 89
.Repatriation Pharmaceutical Benefits Scheme 1717, 1728
Nyxoid(MF) *1648*
O.R.S.(XT) *90*
OBETICHOLIC ACID 71, 72
Ocaliva(GH) *72*
Ocuflox(VE) *1608*, *1609*
Odaplix SR(AF) *182*, *183*
ODEVIXIBAT 75, 76, 77, 79, 80, 81
Odomzo(RA) *497*
OFATUMUMAB 1369, 1370
Ofev(BY) *471*, *472*
OFLOXACIN 1608
Olamlo HCT 20/5/12.5 (AL) *218*, *219*
Olamlo HCT 40/10/12.5 (AL) *218*, *219*
Olamlo HCT 40/10/25 (AL) *218*, *219*
Olamlo HCT 40/5/12.5 (AL) *218*, *219*
Olamlo HCT 40/5/25 (AL) *218*, *219*
OLANZAPINE 1500, 1501, 1502
OLANZAPINE ODT-WGR (WG) *1501*, *1502*
Olanzapine RBX (RA) *1501*
Olanzapine Sandoz ODT 10(SZ) *1502*
Olanzapine Sandoz ODT 15(SZ) *1502*
Olanzapine Sandoz ODT 20(SZ) *1502*
Olanzapine Sandoz ODT 5(SZ) *1501*
Olanzapine Sandoz(SZ) *1501*
OLAPARIB 502, 503, 504, 505, 506, 507
OLMEKAR (RW) *215*, *216*
OLMERTAN (RW) *208*
OLMERTAN COMBI 20/12.5(RW) *212*
OLMERTAN COMBI 40/12.5(RW) *212*
OLMERTAN COMBI 40/25(RW) *212*, *213*
OLMESARTAN 208
Olmesartan - MYL(AF) *208*
OLMESARTAN + AMLODIPINE 215, 216
OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE 218, 219
OLMESARTAN + HYDROCHLOROTHIAZIDE 212
OLMESARTAN AMLODIPINE-WGR 20/5(WG) *216*
OLMESARTAN AMLODIPINE-WGR 40/10(WG) *216*
OLMESARTAN AMLODIPINE-WGR 40/5(WG) *215*, *216*
Olmesartan HCT - MYL 20/12.5 (AF) *212*
Olmesartan HCT - MYL 40/12.5 (AF) *212*
Olmesartan HCT - MYL 40/25 (AF) *212*, *213*
OLMESARTAN HCTZ-WGR 20/12.5 (WG) *212*
OLMESARTAN HCTZ-WGR 40/12.5 (WG) *212*
OLMESARTAN HCTZ-WGR 40/25 (WG) *212*, *213*
Olmesartan Sandoz (SZ) *208*
Olmesartan/Amlodipine - MYL 20/5(AF) *215*, *216*
Olmesartan/Amlodipine - MYL 40/10(AF) *216*
Olmesartan/Amlodipine - MYL 40/5(AF) *215*, *216*
Olmesartan/Amlodipine Sandoz (SZ) *215*, *216*
Olmesartan/HCT Sandoz(SZ) *212*, *213*
OLMESARTAN-WGR(WG) *208*
Olmetec Plus(AL) *212*, *213*
Olmetec(AL) *208*
OLSALAZINE 99
Olsetan (MQ) *208*
Olumiant(LY) *1285*, *1288*, *1292*
Omepral (FQ) *52*, *53*, *54*, *55*, *56*, *57*
OMEPRAZOLE 51, 52, 53, 54, 55, 56
OMEPRAZOLE CAPS WGR(WG) *52*, *53*, *54*, *55*, *56*, *57*
Omeprazole Sandoz (HX) *52*, *53*, *54*, *55*, *56*, *57*
Omeprazole Sandoz(SZ) *52*, *53*, *54*, *55*, *56*, *57*
OMEPRAZOLE-WGR(WG) *52*, *53*, *54*, *55*, *56*, *57*
Omjjara(GK) *439*, *440*
Omtralo (NM) *220*
Onbrez(NV) *1562*

OncoTICE(MK) *532*
ONDANSETRON 67, 68, 69
Ondansetron ODT Lupin(HQ) *68*, *69*
Ondansetron ODT Viatris (AL) *68*, *69*
Ondansetron ODT Viatris(AL) *68*
Ondansetron ODT VTRS(MQ) *69*
Ondansetron ODT-DRLA (RZ) *68*, *69*
ONDANSETRON ODT-WGR (WG) *68*, *69*
ONDANSETRON ODT-WGR(WG) *69*
Ondansetron SZ ODT (HX) *69*
Ondansetron SZ ODT(HX) *68*, *69*
Ondansetron SZ(HX) *67*, *68*
Ondansetron Tablets Viatris (AL) *67*, *68*
Ondansetron VTRS(AF) *67*, *68*
ONDANSETRON-AFT(AE) *67*, *68*
Ondansetron-DRLA (RZ) *67*, *68*
ONDANSETRON-WGR (WG) *67*, *68*
ONDANSETRON-WGR(WG) *67*, *68*
Ongentys(XY) *1497*, *1498*
Onglyza(AP) *121*
Onureg(BQ) *344*, *345*, *346*
OPICAPONE 1497
Op-Site Flexigrid 4629(SN) *1748*
Optifresh eye gel(PP) *1639*, *1640*
Optisulin SoloStar(WA) *103*
Optisulin(GZ) *103*
Oratane (RF) *250*
Oratane(RF) *250*
Ordine 10(XT) *1421*, *1427*, *1696*
Ordine 2 (XT) *1421*, *1428*
Ordine 5 (XT) *1422*, *1428*, *1696*
Orencia ClickJect(BQ) *534*, *537*, *542*
Orencia(BQ) *534*, *537*, *542*
ORIDOPA 100/25(OX) *1486*, *1487*
Oripro(ON) *270*
ORLISTAT 1719
Oroxine(AS) *292*, *293*
ORTHO-DICHLOROBENZENE + PARA-DICHLOROBENZENE + CHLOROBUTANOL + ARACHIS OIL 1740
Osenvelt (EW) *1407*, *1408*
OSILODROSTAT 289
OSIMERTINIB 409
OsmoLax(KY) *86*, *87*, *1692*
Ospolot(FF) *1479*
Osteomol 665 Paracetamol(CR) *1451*, *1705*, *1737*
Osteovan (SZ) *1402*, *1403*
Otezla(AN) *542*
Otocomb Otic(LN) *1647*
Otodex(FQ) *1647*
Ovaleap(TT) *272*, *273*
Ovestin Ovula(AS) *268*
Ovestin(AS) *268*
Ovidrel (USA)(SG) *272*
Ovidrel(SG) *272*
OXAZEPAM 1513, 1706
OXAZEPAM-WGR(WG) *1513*, *1514*, *1706*
OXCARBAZEPINE 1461, 1462
Oxis Turbuhaler(AP) *1561*
Oxlumo(WM) *138*, *139*
OXYBUTYNIN 275, 276
OXYCODONE 1431, 1432, 1433, 1434, 1698
OXYCODONE + NALOXONE 1436, 1699
Oxycodone BNM(BZ) *1432*, *1434*
Oxycodone Sandoz(SZ) *1435*, *1436*, *1698*, *1699*
Oxycodone Viatris (MQ) *1432*, *1434*
Oxycodone Viatris(MQ) *1432*, *1433*
OxyContin (MF) *1435*, *1436*, *1698*, *1699*
OxyContin(MF) *1435*, *1436*, *1698*, *1699*
OXYMETAZOLINE 1739
Oxyndone(TX) *1432*, *1434*
OxyNorm (MF) *1432*, *1434*
OxyNorm Liquid 1mg/mL(MF) *1432*, *1434*
OxyNorm(MF) *1432*, *1433*
Oxytrol(TT) *276*
OZANIMOD 1277, 1278, 1280
Ozempic(NO) *125*, *126*
Ozidal (RA) *1509*, *1510*, *1511*
Ozin 10 (ZS) *1501*
Ozin 2.5 (ZS) *1501*
Ozin 5 (ZS) *1501*
Ozin 7.5 (ZS) *1501*
Ozmep (RW) *52*, *53*, *54*, *55*, *56*, *57*
Ozole (RA) *324*
Ozole(RA) *324*
Ozpan (RA) *57*, *58*
Ozpan(RA) *58*, *59*, *60*, *61*
Ozurdex(VE) *1609*, *1610*, *1611*
PAA (UL) *1639*, *1640*
Pacrolim(AF) *1271*
PAD WOUND DEBRIDEMENT 1763
Paediatric Seravit(SB) *1689*
PALBOCICLIB 428
Palexia SR(CS) *1446*
PALIPERIDONE 1507, 1508
PALONOSETRON 69
Palonosetron Dr.Reddy's(RZ) *69*
Palonosetron JN (XT) *69*
PALONOSETRON Medsurge(DZ) *69*
PALOVAROTENE 1413, 1414
PAMIDRONATE DISODIUM 1400
Pamisol(PF) *1400*
Panadeine Forte(SW) *1443*, *1445*
Panadol(GJ) *1705*
Panafcort(AS) *288*
Panafcortelone(AS) *287*
Panamax 240 Elixir(SW) *1450*, *1451*, *1737*
Panamax Co. 40(SW) *1736*
Panamax(SW) *1450*, *1451*, *1737*
PANCREATIC EXTRACT 100
PANTHENOL 1728
Panthron (ZS) *58*, *59*, *60*, *61*
Panthron(ZS) *57*, *58*
PANTOPRAZOLE 57, 58, 59, 60, 61
Pantoprazole generichealth (HQ) *57*, *58*
Pantoprazole generichealth(HQ) *58*, *59*, *60*, *61*
Pantoprazole Sandoz (SZ) *58*, *59*, *60*, *61*
Pantoprazole Sandoz(SZ) *57*, *58*
PANTOPRAZOLE-WGR (WG) *57*, *58*
PANTOPRAZOLE-WGR(WG) *58*, *59*, *60*, *61*, *62*
PAPER WASP VENOM 1648
PARACETAMOL 1450, 1451, 1704, 1705, 1737
Paracetamol (Sandoz) (SZ) *1450*, *1451*, *1737*
PARACETAMOL + CODEINE 1443, 1736
Paracetamol Sandoz Pharma(QS) *1450*, *1451*, *1737*
Paracetamol/Codeine GH 500/30 (GQ) *1443*, *1445*
PARAFFIN 1645
Paralgin (OW) *1450*, *1451*, *1737*
Parapane OSTEO (XT) *1451*, *1705*, *1737*
Parbezol (RW) *62*, *63*, *64*, *65*
Parlodel(SZ)
.GENITO URINARY SYSTEM AND SEX HORMONES *257*, *258*
.NERVOUS SYSTEM *1491*
Parnate(GH) *1526*
PAROXETINE 1524
Paroxetine GH (GQ) *1524*
Paroxetine Sandoz(SZ) *1524*
PAROXETINE-WGR (WG) *1524*
PATIROMER 1649, 1650

PAVTIDE ACCUHALER 100/50(TX) *1579*, *1580*
PAVTIDE ACCUHALER 250/50 (TX) *1579*, *1580*
PAVTIDE ACCUHALER 500/50 (TX) *1581*, *1582*
PAVTIDE MDI 50/25(TX) *1579*, *1580*
Pavtide(TX) *1579*, *1580*, *1581*, *1582*
Paxam 0.5(AF) *1460*, *1705*
Paxam 2(AF) *1459*, *1705*
Paxlovid(PF) *338*
Paxtine(AF) *1524*
PAZOPANIB 472, 473, 474, 475
Pazopanib ADVZ(BZ) *473*, *474*, *475*
Pazopanib Dr.Reddy's (RZ) *473*, *474*, *475*
Pazopanib-RZ(XT) *473*, *474*, *475*
Peg 7420(MM) *1743*
Peg 7422(MM) *1743*
Peg 7423(MM) *1743*
Peg 7425(MM) *1743*
Pegasys (Ireland)(XO) *531*
Pegasys(XO) *531*
PEGINTERFERON ALFA-2A 531
PEGINTERFERON BETA-1A 531
PENICILLAMINE 1396
Pentasa(FP) *95*, *96*, *97*, *98*, *99*
Penthrox (Combination Pack)(DV) *30*
Peptamen Junior(NT) *1666*
PERAMPANEL 1476, 1477, 1478
PERFLUOROHEXYLOCTANE 1645
PERHEXILINE 175
PERICIAZINE 1498
PERINDOPRIL 198, 199
PERINDOPRIL + AMLODIPINE 204
PERINDOPRIL + INDAPAMIDE 202, 203
Perindopril Arginine Sandoz(SZ) *198*, *199*
Perindopril Arginine/Amlodipine-WGR 10/10(WG) *204*
Perindopril Arginine/Amlodipine-WGR 10/5(WG) *204*
Perindopril Arginine/Amlodipine-WGR 5/10(WG) .. *204*, *205*
Perindopril Arginine/Amlodipine-WGR 5/5(WG) *204*, *205*
Perindopril Arginine-WGR (WG) *198*, *199*
PERINDOPRIL/INDAPAMIDE-WGR 4/1.25(WG) *203*
PERINDOPRIL-WGR (WG) *198*, *199*
PERISYL COMBI 4/1.25 (AL) *203*
PERISYL(AL) *198*, *199*
PERMETHRIN 1560
Petrus Bisacodyl Suppositories(PP) *85*, *86*, *1717*, *1718*
Petrus Pharmaceuticals Pty Ltd(PP) *1718*, *1719*
Pexsig(AS) *175*
Pfizer Australia Pty Ltd(PF)
.Prescriber Bag *30*
Pfizer Australia Pty Ltd(PF)
.ANTIINFECTIVES FOR SYSTEMIC USE *318*
Pharmacor Amlodipine(CR) *193*
Pharmacor Atorvastatin(CR) *221*, *222*
Pharmacor Cefuroxime(CR) *312*
Pharmacor Cinacalcet (CR) *297*
PHARMACOR DABIGATRAN (CR) *150*, *151*
PHARMACOR DABIGATRAN(CR) *151*, *152*
Pharmacor Dimethyl Fumarate(CR) *1386*, *1387*
Pharmacor Ezetimibe 10 (CR) *230*
Pharmacor Ezetimibe Rosuvastatin Composite Pack(CR) *234*, *235*
Pharmacor Ezetimibe Simvastatin 10/10(CR) *236*
Pharmacor Ezetimibe Simvastatin 10/20(CR) *236*
Pharmacor Ezetimibe Simvastatin 10/40(CR) *236*
Pharmacor Ezetimibe Simvastatin 10/80(CR) *236*, *237*
Pharmacor Finasteride 5 (CR) *1733*
Pharmacor Fingolimod(CR) *1277*
Pharmacor Gabapentin 600 (CR)
.Repatriation Pharmaceutical Benefits Scheme *1738*
Pharmacor Gabapentin 600(CR)
.NERVOUS SYSTEM *1468*
Pharmacor Gabapentin 800 (CR)
.NERVOUS SYSTEM *1467*
Pharmacor Gabapentin 800(CR)
.Repatriation Pharmaceutical Benefits Scheme *1737*
Pharmacor Gliclazide MR (CR) *105*
Pharmacor Isotretinoin (CR) *250*
Pharmacor Letrozole 2.5(CR) *527*, *528*
Pharmacor Lurasidone(CR) *1499*
Pharmacor Metformin XR (CR) *103*, *104*
Pharmacor Metformin XR(CR) *103*, *104*
Pharmacor Mycophenolate (CR) *543*, *544*
Pharmacor Mycophenolate 250(CR) *543*, *544*
Pharmacor Mycophenolate 500(CR) *543*, *544*
Pharmacor Olmesartan 20(CR) *208*
Pharmacor Olmesartan 40(CR) *208*
Pharmacor Olmesartan Amlodipine 20/5 (CR) *216*
Pharmacor Olmesartan Amlodipine 40/10 (CR) *216*
Pharmacor Olmesartan Amlodipine 40/5 (CR) *215*, *216*
Pharmacor Olmesartan HCTZ 20/12.5(CR) *212*
Pharmacor Olmesartan HCTZ 40/12.5(CR) *212*
Pharmacor Olmesartan HCTZ 40/25(CR) *212*, *213*
Pharmacor Omeprazole 20(CR) *53*, *54*, *55*, *56*, *57*
Pharmacor Posaconazole(CR) *327*
Pharmacor Quetiapine 100 (CR) *1504*
Pharmacor Quetiapine 200 (CR) *1504*
Pharmacor Quetiapine 25 (CR) *1504*
Pharmacor Quetiapine 300 (CR) *1504*
Pharmacor Rasagiline (CR) *1495*, *1496*
Pharmacor Riluzole(CR) *1555*, *1556*
Pharmacor Rosuvastatin 10 (CR) *222*, *223*
Pharmacor Rosuvastatin 20 (CR) *223*
Pharmacor Rosuvastatin 40 (CR) *223*
Pharmacor Rosuvastatin 5 (CR) *223*
Pharmacor Sacubitril/Valsartan(CR) *220*
Pharmacor Sumatriptan 50(CR) *1454*
Pharmacor Tacrolimus 0.5 (CR) *1271*
Pharmacor Tacrolimus 1 (CR) *1271*
Pharmacor Tacrolimus 5(CR) *1271*, *1272*
Pharmacor Telmisartan 40(CR) *209*
Pharmacor Telmisartan 80(CR) *209*
Pharmacor Teriflunomide (CR) *1386*
Pharmacor Ticagrelor(CR) *149*
PHARMACOR VARENICLINE(CR) *1553*, *1554*
Pharmacor Zopiclone (CR) *1739*
Pharmacy Action Anti-Fungal Cream(GQ) *1723*
Pharmacy Action Anti-Fungal Nail Treatment (GQ) *1723*
Pharmacy Action Cetrelief(GQ) *1740*
Pharmacy Action Colox-Senna(HQ) *1718*
Pharmacy Action Cystitis Relief(GQ) *1731*
Pharmacy Action Diarrhoea Relief(GQ) *1719*
Pharmacy Action FemCream (GQ) *1729*
Pharmacy Action FemCream 3 Day Cream(GQ) *1728*
Pharmacy Action Fexorelief 120(GQ) *1740*
Pharmacy Action Hydrocortisone Cream 1%(GQ) *1726*
Pharmacy Action Lorastyne(GQ) *1740*
Pharmacy Action Low Dose Aspirin (GQ) *1722*
Pharmacy Action Nasal Decongestant(GQ) *1739*
Pharmacy Action Nystatin Oral Drops(GQ) *1717*
Pharmacy Action Paracetamol Osteo 665(GQ) .. *1451*, *1705*, *1737*
Pharmacy Action Pharmisil (GQ) *1724*
Pharmacy Action Sinus & Nasal Decongestant Relief(GQ) *1739*
Pharmacy Action Worm Treatment(GQ) *1739*
Pharmacy Care Magnesium (SI) *1721*
PHARMACY CARE PARACETAMOL(SI) *1450*, *1451*, *1737*
Phebra Naproxen Suspension(FF) *1394*, *1693*
Pheburane(OH) *145*
PHENELZINE 1526
Phenobarb(RW) *1457*

PHENOBARBITAL 1457
Phenobarbital Tablets, USP 30 mg (Rising Pharmaceuticals, USA)(DZ) 1457
Phenobarbitone Injection (Aspen Pharmacare Australia Pty Ltd)(AS) 1457
PHENOXYBENZAMINE
.CARDIOVASCULAR SYSTEM 187
.GENITO URINARY SYSTEM AND SEX HORMONES 276
PHENOXYMETHYLPENICILLIN 303, 304
Phenoxymethylpenicillin-AFT(AE) 304
Phenylalanine 50(VF) 1687
PHENYLALANINE WITH CARBOHYDRATE 1687
PHENYTOIN 1458
Phlexy-10(SB) 1681
Phlexy-Vits(SB) 1688
PHOSPHATE PHEBRA(FG) 1652, 1653
PHOSPHORUS 1652
Physeptone (AS) 1441, 1703
Physeptone(AS) 1441, 1703
Physiotens (GO) 180, 181
PHYTOMENADIONE 31
Piax (AF) 147, 148
Piax Plus Aspirin (AF) 148
PILOCARPINE 1613, 1614
PIMECROLIMUS 255
Pinetarsol(EO) 1725
PIOGLITAZONE 118
Pirfenidet (AF) 1389, 1390
PIRFENIDONE 1389
Pirfenidone Ameda(XT) 1389, 1390
Pirfenidone Dr.Reddy's (RZ) 1389, 1390
Pirfenidone Sandoz(SZ) 1389, 1390
PIROXICAM 1392
PIZOTIFEN 1457
PKU Air 20(VF) 1678
PKU Anamix First Spoon(SB) 1680
PKU Anamix infant(SB) 1681
PKU Anamix Junior LQ(SB) 1678
PKU Anamix Junior(SB) 1679
PKU Build 10(QH) 1684
PKU Build 20(QH) 1684
PKU Cooler 10(VF) 1678
PKU Cooler 15(VF) 1678
PKU Cooler 20(VF) 1678
PKU Easy Microtabs Plus(OH) 1675
PKU Easy Microtabs(OH) 1674
PKU Easy Shake & Go(OH) 1675
PKU Easy Tablet(OH) 1674
PKU Easy(OH) 1687
PKU Explore 10(VF) 1681
PKU Explore 5(VF) 1681
PKU express 15(VF) 1678
PKU express 20(VF) 1678
PKU Glytactin RTD 15 Lite(QH) 1684
PKU Glytactin RTD 15(QH) 1684
PKU GMPro LQ(SB) 1685
PKU GMPro MIX-IN(SB) 1684
PKU GMPro ULTRA(SB) 1684
PKU Go(OH) 1674
PKU Lophlex LQ 10(SB) 1678
PKU Lophlex LQ 20(SB) 1678
PKU Lophlex Select LQ(NU) 1678
PKU Lophlex Sensation 20(SB) 1678
PKU Lophlex(SB) 1678
PKU Restore(QH) 1684
PKU Sphere Liquid(VF) 1685
PKU Sphere20(VF) 1685
PKU squeezie(VF) 1678
PKU Start(VF) 1681
Placil(AF) 1518
Plaqacide(OB) 1717
Plaquenil (SW) 1395
Plavicor 75(CR) 147, 148
Plegridy(BD) 531, 532
Plendil ER(IX) 193, 194
Plidogrel(RF) 147, 148
Poly Visc(IQ) 1645
POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL 1645, 1646
POLYLACTIC ACID 1653
Poly-Tears(IQ) 1642
PONATINIB 401, 402, 403
Ponstan (PF) 1395
POSACONAZOLE 326
Posaconazole ARX (XT) 327
POSACONAZOLE DR.REDDY'S(RZ) 327
Posaconazole Juno (JU) 327
Posaconazole Sandoz(SZ) 327
POSACONAZOLE-WGR (WG) 327
POSMED(DZ) 327
POTASSIUM CHLORIDE 135
POTASSIUM CHLORIDE + POTASSIUM BICARBONATE + POTASSIUM CARBONATE 136
POVIDONE-IODINE
.Repatriation Pharmaceutical Benefits Scheme 1726, 1763
Pradaxa (BY) 151
Pradaxa(BY) 150, 151, 152
Pramin (AF) 66, 1691
PRAMIPEXOLE 1492, 1493, 1494
PRASUGREL 148
Prasugrel Lupin(GQ) 149
Pravachol(RW) 222
PRAVASTATIN 222
Pravastatin Sandoz (SZ) 222
Pravastatin Sandoz(SZ) 222
PRAVASTATIN-WGR (WG) 222
PRAVASTATIN-WGR(WG) 222
PRAZIQUANTEL 1559
Praziquantel Tablets, USP 600 mg (Endo, USA)(QY) ..1559
PRAZOSIN 181
Prazosin Hydrochloride Capsules, USP 1 mg (Novitium Pharma, USA)(DZ) 181
Prebalin(RF) 1452
PredMix(LN) 287, 288
Prednefrin Forte(VE) 1612
PREDNISOLONE 287
PREDNISOLONE ACETATE + PHENYLEPHRINE 1612
PREDNISOLONE SODIUM PHOSPHATE
.ALIMENTARY TRACT AND METABOLISM 93
.SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS 287, 288
PREDNISONE 288
Predsol(AS) 93, 94
Predsolone(LN) 287
Predsone(LN) 288
PREGABALIN 1451
Pregabalin Lupin(HQ) 1452
Pregabalin Sandoz (SZ) 1452
PREGABALIN-DRLA (RZ) 1452
PREGABALIN-WGR(WG) 1452
Prenoxad(FF) 1648
Presolol 100(AF) 192, 193
PREXUM 10(RX) 198, 199
PREXUM 2.5(RX) 198, 199
PREXUM 5(RX) 198
Prexum Combi 5/1.25(RX) 203
PREXUM Combi LD 2.5/0.625(RX) 202, 203
Prilace (RF) 200, 201

Prilace(RF) *199*, *200*, *201*
PRIMIDONE 1457
Primolut N(BN) *270*
Pristiq(PF) *1527*, *1528*
Pro-Banthine(RW) *276*
PROBENECID 1398
Probitor (SZ) *53*, *54*, *55*, *56*, *57*
ProCalm (RW) *71*
PROCHLORPERAZINE 30, 71
Prochlorperazine GH(GQ) *71*
Prochlorperazine Viatris (AF) *71*
PROCHLORPERAZINE-WGR(WG) *71*
Pro-Cid(FF) *1398*
Prodeine Forte(AV) *1443*, *1445*
Profore 66050016(SN) *1742*
Profore Lite 66050415(SN) *1742*
PROGESTERONE 269, 270
PROGESTERONE (&) ESTRADIOL 271
Progesterone ADVZ 100(BZ) *269*
Progesterone BNM 200(BZ) *269*
Progout 100(AF) *1397*
Progout 300 (AF) *1397*
Progout Viatris (AL) *1397*
Progout Viatris(AL) *1397*
Prograf (LL) *1271*, *1272*
Prograf(LL) *1271*
Progynova(GH) *266*, *268*
Prolia(XT) *1408*
Prometrium (XW) *269*
Prontosan Wound Irrigation Solution(BR) *1745*
PROPANTHELINE 276
PROPRANOLOL 187, 188
PROPRANOLOL-WGR (WG) *187*, *188*
PROPYLENE GLYCOL 1646
PROPYLTHIOURACIL 294
Proscar(OQ) *1733*
Protaphane (NO) *101*
Protaphane Penfill 3 mL (NO) *101*
PROTEIN FORMULA WITH AMINO ACIDS, CARBOHYDRATES, VITAMINS AND MINERALS WITHOUT PHENYLALANINE, AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID 1687
PROTEIN FORMULA WITH ARGININE, VITAMIN C, E AND ZINC 1741
PROTEIN FORMULA WITH CARBOHYDRATE, FAT, VITAMINS AND MINERALS 1654
PROTEIN FORMULA WITH VITAMINS AND MINERALS, AND LOW IN POTASSIUM, PHOSPHORUS, CALCIUM, CHLORIDE AND VITAMIN A 1687
PROTEIN HYDROLYSATE FORMULA WITH MEDIUM CHAIN TRIGLYCERIDES 1664
Provera(PF)
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS *515*
.GENITO URINARY SYSTEM AND SEX HORMONES *268*, *269*
Proxen SR 1000(IY) *1393*, *1394*, *1693*
Proxen SR 750(IY) *1394*, *1693*
ProZero(VF) *1688*
PRYZEX ODT (RW) *1501*, *1502*
PRYZEX(RW) *1501*
PSEUDOEPHEDRINE 1739
PSYLLIUM HUSK POWDER 1718
PTU(FF) *294*
Pulmicort Respules(AP) *1594*
Pulmicort Turbuhaler(AP) *1593*, *1594*
Puregon 300 IU/0.36 mL(OQ) *273*
Puregon 600 IU/0.72 mL(OQ) *273*
Puregon 900 IU/1.08 mL(OQ) *273*
Purinethol(AS) *344*
Putter Pro 2 931685(HR) *1741*
Pyralin EN(FZ) *99*, *100*
PYRANTEL 1559
PYRIDOSTIGMINE 1551
Qinlock(ZB) *477*
Questran Lite(GO) *226*
Quetia 100(RW) *1504*
Quetia 200(RW) *1504*
Quetia 25(RW) *1504*
Quetia 300(RW) *1504*
Quetia XR (OW) *1503*
Quetia XR(OW) *1503*
QUETIAPINE 1503, 1504
Quetiapine RBX (RA) *1504*
Quetiapine Sandoz Pharma(HX) *1504*
Quetiapine Sandoz XR (SZ) *1503*
Quetiapine Sandoz XR(SZ) *1503*
QUETIAPINE-AS XR (RW) *1503*
QUETIAPINE-WGR (WG) *1504*
Quilonum SR(AS) *1531*
QUINAPRIL 199
Quinate(RW) *1558*
QUININE 1558
QV Bath Oil(EO) *1724*
QV Gentle Wash(EO) *1727*
QV Skin Lotion(EO) *1724*
Qvar 100 Autohaler(IL) *1593*
Qvar 100(IL) *1593*
Qvar 50(IL) *1593*
RABEPRAZOLE 62, 63, 64
Rabeprazole Mylan(AF) *62*, *63*, *64*, *65*
Rabeprazole Sandoz (SZ) *62*, *63*, *64*, *65*
Rabeprazole Sandoz(SZ) *62*
Rabeprazole SUN(RN) *62*, *63*, *64*, *65*
Rabeprazole Viatris (AF) *62*
RABEPRAZOLE-WGR (WG) *62*, *63*, *64*, *65*
RABEPRAZOLE-WGR(WG) *62*
Ralovera(FZ) *268*, *269*
RALOVISTA (RF) *1409*
RALOXIFENE 1408, 1409
Raloxifene GH(GQ) *1409*
RAMIPRIL 199, 200, 201
RAMIPRIL + FELODIPINE 205
Ramipril Sandoz (SZ) *199*, *200*, *201*
Ramipril Sandoz(SZ) *200*, *201*
RAMIPRIL TABS-WGR(WG) *200*, *201*
Ramipril Viatris (AL) *200*, *201*
Ramipril Viatris(AL) *200*, *201*
Ramipril Winthrop (WA) *200*, *201*
Ramipril Winthrop(WA) *200*, *201*
RAMIPRIL-WGR (WG) *200*, *201*
RAMIPRIL-WGR(WG) *200*, *201*
RANIBIZUMAB 1634, 1635, 1636, 1637, 1638, 1639
RANITIDINE 40
Rapamune(PF) *1380*, *1381*
RASAGILINE 1495, 1496
Rasagiline Lupin(HQ) *1495*, *1496*
Rasagiline-Teva (EV) *1495*, *1496*
RBX Topiramate(RA) *1480*, *1481*, *1482*
RCF(AB) *1687*
Reagila(IX) *1507*
Reandron 1000 (AS) *266*
Reaptan 10/10 (RX) *204*
Reaptan 10/5 (RX) *204*
Reaptan 5/10 (RX) *204*, *205*
Reaptan 5/5 (RX) *204*, *205*
REBOXETINE 1533
Redipred(AS) *288*
Reedos 100 (ZS) *1473*, *1474*
Reedos 200 (ZS) *1473*, *1474*

Reedos 25 (ZS) *1473*, *1474*
Reedos 50 (ZS) *1473*, *1474*
REJUNON 1000(JU) *266*
Relaban(NB) *157*, *158*, *159*, *160*
Relistor(LM) *1692*
Relpax(GO) *1452*
RELUGOLIX + ESTRADIOL + NORETHISTERONE ACETATE 283
Remicade(JC) *1735*
Reminyl (IX) *1547*, *1548*
Remsima SC(EW) *1007*, *1008*, *1009*, *1010*, *1011*, *1012*, *1014*, *1016*, *1017*, *1019*, *1021*, *1022*, *1024*, *1025*, *1027*, *1028*, *1030*, *1032*, *1034*
Renagel(GZ) *1650*, *1651*
Renastart(VF) *1689*
Renastep(VF) *1687*
Renitec 20(AF) *196*, *197*
Renitec Plus 20/6(AF) *202*
Renitec(AF) *196*
Repatha(AN) *226*, *227*, *229*, *230*
Replicare Ultra 66000434(SN) *1757*
REPOTRECTINIB 475, 476
Resonium-A(SW) *1741*
Resprim Forte (AF) *314*
Retevmo(LY) *477*, *478*
Revive Tears(PP) *1643*
Rexulti(LU) *1506*
Riamet(NV) *1558*
RIBOCICLIB 429, 430, 431, 432
Ridaura(BZ) *1396*
Ridaura(GH) *1396*
Rifadin(SW) *330*
RIFAMPICIN
.ANTIINFECTIVES FOR SYSTEMIC USE 329, 330
RIFAXIMIN 89
Rilast RAPIHALER 100/3(XT) *1566*, *1567*, *1568*, *1569*, *1570*
Rilast RAPIHALER 200/6 (XT) *1568*, *1570*, *1574*
Rilast TURBUHALER 200/6 (XT) *1567*, *1572*, *1573*
Rilast TURBUHALER 200/6(XT) *1568*, *1569*
Rilast TURBUHALER 400/12(XT) *1575*, *1576*
Rilutek (SW) *1555*, *1556*
RILUZOLE 1555
Riluzole Sandoz(SZ) *1555*, *1556*
Rimycin 150(AF)
.ANTIINFECTIVES FOR SYSTEMIC USE *329*, *330*
Rimycin 300(AF)
.ANTIINFECTIVES FOR SYSTEMIC USE *329*, *330*
Rinidate (NB) *1539*
Rinvoq(VE) *1328*, *1329*, *1330*, *1331*, *1333*, *1335*, *1337*, *1339*, *1340*, *1342*, *1344*, *1348*, *1349*, *1350*, *1354*, *1358*, *1362*, *1365*, *1369*
RIPRETINIB 476
RISANKIZUMAB 1100, 1102, 1105, 1109
RISEDRONATE 1400, 1401, 1735
Risedronate Sandoz (SZ) *1401*, *1402*, *1735*, *1736*
RISEDRONATE-WGR(WG) *1401*, *1402*, *1735*, *1736*
Rispa (RW) *1510*
Rispa(RW) *1509*, *1510*, *1511*
Risperdal Consta(JC) *1510*
Risperdal(JC) *1509*, *1510*, *1511*
RISPERIDONE 1508, 1509, 1510, 1511, 1512
Risperidone Lupin (GQ) *1509*, *1510*, *1511*
Risperidone Sandoz (SZ) *1509*, *1510*, *1511*
Risperidone Sandoz(SZ) *1510*
Rispernia (ZS) *1510*
Rispernia(ZS) *1509*, *1510*, *1511*
Risvan(SE) *1512*
Ritalin 10(NV) *1539*
Ritalin LA (NV) *1540*, *1542*, *1543*, *1544*
Ritalin LA 10 mg (Switzerland)(KQ) *1544*
Ritalin LA 20 mg (Switzerland)(KQ) *1543*
Ritalin LA 30 mg (Switzerland)(KQ) *1540*, *1543*
Ritalin LA 40 mg (Switzerland)(KQ) *1540*
Ritosa(XT)
.MUSCULO-SKELETAL SYSTEM *1411*, *1412*
.SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS *295*, *296*
Rivarelto (XW) *155*, *156*, *157*, *158*, *159*, *160*
Rivarelto(XW) *157*
RIVAROXABAN 154, 155, 156, 157, 158, 159
Rivaroxaban Dr.Reddy's(RZ) *155*, *156*, *157*, *158*, *159*, *160*
Rivaroxaban Lupin (GQ) *155*, *156*, *157*, *158*, *159*, *160*
Rivaroxaban Sandoz(SZ) *155*, *156*, *157*, *158*, *159*, *160*
Rivaroxaban-Teva (TB) *155*, *156*, *157*, *158*, *159*, *160*
Rivaroxaban-Teva(TB) *155*, *156*, *158*
RIVASTIGMINE 1548, 1549
RIVAXIB(MQ) *155*, *156*, *157*, *158*, *159*, *160*
Rivotril(PB) *29*, *1459*, *1460*, *1705*
Rivoxa (CR) *155*, *156*, *157*, *158*, *159*, *160*
RIVOXA (CR) *155*, *156*, *158*
Rixadone (AF) *1509*, *1510*, *1511*
Rixadone(AF) *1509*, *1510*, *1511*
RIXALT (RF) *1453*
RIZATRIPTAN 1453
Rizatriptan ODT Viatris (MQ) *1453*
RIZATRIPTAN ODT-WGR(WG) *1453*
Rizatriptan Wafers-10mg(AF) *1453*
Rizatriptan-Au(DZ) *1453*
Roaccutane (PB) *250*
Rocaltrol(IX)
.ALIMENTARY TRACT AND METABOLISM *134*
.MUSCULO-SKELETAL SYSTEM *1406*
ROMOSOZUMAB 1409, 1410
Rosalee (SZ) *259*
Rosidal TCS 26484(LC) *1741*
Rosie(SZ) *259*
ROSUVASTATIN 222, 223
Rosuvastatin Lupin(GQ) *222*, *223*, *224*
Rosuvastatin RBX (RA) *222*, *223*, *224*
Rosuvastatin Sandoz(SZ) *222*, *223*, *224*
ROSUVASTATIN-WGR (WG) *222*, *223*, *224*
Rosuzet Composite Pack(AL) *234*, *235*
ROTIGOTINE 1495
Roxar 150 (RW) *316*
Roxar 300 (RW) *316*
Roxin (RW) *320*
ROXITHROMYCIN 316
Roxithromycin Sandoz(SZ) *316*
ROXITHROMYCIN-WGR (WG) *316*
Rozlytrek(RO) *462*
Rubifen LA(AE) *1540*, *1542*, *1543*, *1544*
RUXOLITINIB 440, 441, 442, 443
Ruzurgi(LD) *1555*
Ryeqo(FX) *283*
Rythmodan (UK)(YO) *168*
Rythmodan(PB) *168*
Ryzodeg Penfill(NO) *102*
Sabril(SW) *1464*, *1465*
SACUBITRIL + VALSARTAN 219, 220
Sacubitril/Valsartan Alphapharm (FY) *220*
Sacubitril/Valsartan Lupin 24/26(GQ) *220*
Sacubitril/Valsartan Lupin 49/51(GQ) *220*
Sacubitril/Valsartan Lupin 97/103(GQ) *220*
SACUBITRIL/VALSARTAN-WGR (WG) *220*
SAFINAMIDE 1496
Salazopyrin(PF) *99*, *100*
Salazopyrin-EN(PF) *99*, *100*
SALBUTAMOL
.Prescriber Bag 32

.RESPIRATORY SYSTEM....1562, 1563, 1605
Salbutamol (as sulfate) (Accord, UK)(OJ).... *32*, *1563*
Salbutamol Cipla(LR).... *32*, *1563*
Salflumix Easyhaler 250/50(OX).... *1579*, *1580*
Salflumix Easyhaler 500/50(OX).... *1581*, *1582*
SALICYLIC ACID + LACTIC ACID.... 1727
SALMETEROL.... 1563
Salofalk(FD)....*94*, *95*, *96*, *97*, *98*, *99*
SalplusF DPI 250/50 (SZ).... *1579*, *1580*
SalplusF DPI 500/50 (SZ).... *1581*, *1582*
SalplusF Inhaler 125/25 (SZ).... *1579*, *1580*
SalplusF Inhaler 250/25 (SZ).... *1581*, *1582*
Salpraz (AF)....*58*, *59*, *60*, *61*, *62*
Salpraz(AF).... *57*, *58*
Sandomigran 0.5(AE).... *1457*
Sandoz Lamotrigine (HX)....*1473*, *1474*, *1475*
Sandoz Lamotrigine(HX).... *1473*, *1474*
Sandoz Venlafaxine XR(HX).... *1533*, *1534*
Sandrena(OX).... *267*, *268*
Saphris(OQ).... *1500*
SAPROPTERIN.... 141, 142, 143
Savacol Mouth and Throat Rinse(OM).... *1717*
SAXAGLIPTIN.... 121
SAXAGLIPTIN + METFORMIN.... 113, 114
Scemblix(NV).... *350*, *351*, *353*
Sculptra(GA).... *1653*
SebiRinse(EO).... *1728*
Sebitar(EO).... *1727*
SECUKINUMAB1116, 1117, 1118, 1119, 1121, 1123, 1124, 1126, 1128, 1130, 1133, 1136, 1139, 1142, 1145, 1149
seebri breezhaler(NV).... *1597*
SELEGILINE.... 1496
SELENIUM SULFIDE.... 1727
SELPERCATINIB.... 477
Selsun(VZ).... *1727*
SELUMETINIB.... 422
SEMAGLUTIDE.... 125
Senna-Gen(PP).... *1718*
SENNOSIDE B.... 1718
Senokot(RC).... *1718*
Septrin Forte(RW).... *314*
Septrin(RW).... *314*
Serenace (AS).... *29*, *1498*, *1706*
Serenace(AS).... *1498*, *1499*
Serepax (AS)....*1513*, *1514*, *1706*
Serepax(AS)....*1513*, *1514*, *1706*
Seretide Accuhaler 100/50(GK).... *1579*, *1580*
Seretide Accuhaler 250/50(GK).... *1579*, *1580*
Seretide Accuhaler 500/50(GK).... *1581*, *1582*
Seretide MDI 125/25(GK).... *1579*, *1580*
Seretide MDI 250/25(GK).... *1581*, *1582*
Seretide MDI 50/25(GK).... *1579*, *1580*
Serevent Accuhaler(GK).... *1563*
Seroquel XR(AL).... *1503*
Seroquel(AL).... *1504*
Sertra 100 (RW)....*1524*, *1525*, *1526*
Sertra 50 (RW).... *1525*, *1526*
SERTRALINE.... 1524, 1525
Sertraline generichealth(GQ)....*1524*, *1525*, *1526*
Sertraline Sandoz (SZ)....*1524*, *1525*, *1526*
SERTRALINE-WGR(WG).... *1525*, *1526*
Setopress 3505(MH).... *1742*
Setrona (RA).... *1525*
SEVELAMER.... 1650, 1651
Sevelamer Lupin (GQ).... *1650*, *1651*
Sevikar 20/5(AL).... *216*
Sevikar 40/10(AL).... *216*
Sevikar 40/5(AL).... *215*, *216*
Sevikar HCT 20/5/12.5(AF).... *218*, *219*
Sevikar HCT 40/10/12.5(AF).... *218*, *219*
Sevikar HCT 40/10/25(AF)....*218*, *219*
Sevikar HCT 40/5/12.5(AF)....*218*, *219*
Sevikar HCT 40/5/25(AF)....*218*, *219*
Sevredol(MF)....*1426*, *1695*
Shilova 500 (ZS)....*335*, *336*
Sical(AF)
.ALIMENTARY TRACT AND METABOLISM....*134*
.MUSCULO-SKELETAL SYSTEM....*1406*
Sidapvia 10/100(AP)....*109*, *110*
Sifrol (BY)....*1492*, *1493*
Sifrol ER(BY)....*1493*, *1494*
Sifrol(BY)....*1492*, *1493*, *1494*, *1495*
Sigmacort(AS)....*241*
Sigmaxin(LN)....*167*
Sigmaxin-PG(LN)....*167*
SILDENAFIL
.Repatriation Pharmaceutical Benefits Scheme....1730
Sildenafil APOTEX (GX)....*1730*
Sildenafil APOTEX(GX)....*1730*
Sildenafil Lupin(HQ)....*1730*
Sildenafil Sandoz (SZ)....*1730*
Sildenafil Sandoz(SZ)....*1730*
SILODOSIN....1731, 1732
Simbrinza 1%/0.2%(NV)....*1614*, *1615*
Simipex 0.125 (RW)....*1492*, *1494*
Simipex 0.25 (RW)....*1492*, *1493*, *1494*
Simipex 1(RW)....*1492*, *1493*
SIMIPEX XR (RW)....*1493*, *1494*
Simponi(JC)... *975*, *976*, *978*, *981*, *983*, *985*, *986*, *989*, *992*, *997*, *1001*, *1002*, *1005*
Simpral (AF)....*1492*, *1493*
Simpral(AF)....*1492*, *1493*, *1494*
Simvar 10 (RW)....*224*
Simvar 20 (RW)....*224*
Simvar 40 (RW)....*224*
Simvar 80 (RW)....*224*
SIMVASTATIN....224
Simvastatin Sandoz(SZ)....*224*
SIMVASTATIN-WGR (WG)....*224*
SINADOPA 100/25 (RW)....*1486*, *1487*
SINADOPA 250/25 (RW)....*1486*, *1487*
Sinemet 100/25(AL)....*1486*, *1487*
Sinemet CR(AL)....*1486*
Sinemet(AL)....*1486*, *1487*
SIPONIMOD....1283
SIROLIMUS....1380
SITAGLIPTIN....121, 122
SITAGLIPTIN + METFORMIN....114, 115
Sitagliptin Lupin (GQ)....*122*, *123*
Sitagliptin Mylan(AF)....*122*, *123*
Sitagliptin Sandoz Pharma (SZ)....*122*, *123*
Sitagliptin SUN(RA)....*122*, *123*
SITAGLIPTIN/METFORMIN 50/1000 SUN(RA)....*115*, *116*
SITAGLIPTIN/METFORMIN 50/500 SUN(RA)....*115*, *116*
SITAGLIPTIN/METFORMIN 50/850 SUN(RA)....*115*, *116*
Sitagliptin/Metformin Mylan 50/1000 (AF)....*115*, *116*
Sitagliptin/Metformin Mylan 50/500 (AF)....*115*, *116*
Sitagliptin/Metformin Mylan 50/850 (AF)....*115*, *116*
Sitagliptin/Metformin Sandoz XR (SZ)....*115*, *116*
Sitagliptin/Metformin Sandoz(SZ)....*115*, *116*
Sitagliptin/Metformin XR KND(CR)....*115*, *116*
Sitagliptin/Metformin XR Mylan (AL)....*115*, *116*
Sitaglo (CR)....*122*, *123*
SITAGLO-MET (CR)....*115*, *116*
SKIN EMOLLIENT....1724
Skyrizi(VE)....*1102*, *1105*, *1109*, *1116*
Slenyto(AS)....*1517*
Slinda (HB)....*260*
Sodibic(AS)....*276*
SODIUM CHLORIDE....1723

SODIUM CHLORIDE + HYPOCHLOROUS ACID + SODIUM HYPOCHLORITE ... 1763
SODIUM CHLORIDE + POTASSIUM CHLORIDE + GLUCOSE + CITRIC ACID ... 90
SODIUM PHENYLBUTYRATE ... 144
SODIUM POLYSTYRENE SULFONATE ... 1741
Sodium Valproate Sandoz (SZ) ... *1463*, *1464*
SOFOSBUVIR + VELPATASVIR ... 339
SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR ... 339
Sofradex(PB) ... *1647*
Soframycin(PB) ... *1647*, *1648*
Sohonos(IS) ... *1413*, *1414*
Solaraze 3% Gel (YN) ... *1727*
Solavert(RF) ... *169*
Solian 100(SW) ... *1505*
Solian 200 (SW) ... *1505*
Solian 400 (SW) ... *1505*
Solian Solution(SW) ... *1505*
Solone (IL) ... *287*
SoloSite Gel 36361338(SN) ... *1759*
Solu-Cortef(PF) ... *30*, *286*, *287*
Solugel 10336(JJ) ... *1758*
Somac(NQ) ... *57*, *58*, *59*, *60*, *61*, *62*
Sone (IL) ... *288*
SONIDEGIB ... 495
SORAFENIB ... 478, 479
Sorbact Absorption Dressing S98222(BV) ... *1758*
Sorbact Foam Dressing S98310(BV) ... *1759*
Sorbact Foam Dressing S98315(BV) ... *1759*
Sorbact Foam Gentle Border 98532(BV) ... *1760*
Sorbact Foam Gentle Border 98533(BV) ... *1760*
Sorbact Gel Dressing S98137(BV) ... *1758*
Sorbact Ribbon Gauze S98118(BV) ... *1759*
Sorbact Ribbon Gauze S98120(BV) ... *1759*
Sorbact Superabsorbent 98501(BV) ... *1760*
Sorbact Superabsorbent 98503(BV) ... *1760*
Sorbsan 1410(UM) ... *1747*
Sorbsan 1411(UM) ... *1746*
Sotacor(RW) ... *169*
SOTALOL ... 169
Sotalol Sandoz (SZ) ... *169*
SOTALOL-WGR(WG) ... *169*
Sotyktu(BQ) ... *1293*
SOY PROTEIN AND FAT FORMULA WITH VITAMINS AND MINERALS CARBOHYDRATE FREE ... 1687
Sozol (RW) ... *57*, *58*
Sozol(RW) ... *58*, *59*, *60*, *61*, *62*
Span-K(AS) ... *135*
Spedra(FK) ... *1729*
Spiolto Respimat(BY) ... *1591*, *1592*
Spiractin 100(AF) ... *185*
Spiractin 25(AF) ... *185*, *186*
Spiriva Respimat(BY) ... *1598*, *1599*, *1600*
Spiriva(BY) ... *1600*
SPIRONOLACTONE ... 185
Spironolactone Viatris 100(AL) ... *185*
Spironolactone Viatris 25(AL) ... *185*, *186*
Spravato(JC) ... *1529*, *1530*, *1531*
Spren 100(OW) ... *147*, *1722*
Sprycel(BQ) ... *354*, *355*, *356*, *357*, *359*, *360*, *362*, *364*, *365*
Stalevo 100/25/200mg (SZ) ... *1488*
Stalevo 125/31.25/200mg (SZ) ... *1488*, *1489*
Stalevo 150/37.5/200mg (SZ) ... *1487*, *1488*
Stalevo 200/50/200mg (SZ) ... *1488*
Stalevo 50/12.5/200mg (SZ) ... *1488*
Stalevo 75/18.75/200mg (SZ) ... *1488*
Staphylex 250(AF) ... *305*, *306*
Staphylex 500(AF) ... *305*, *306*
Stelara(JC) ... *1204*, *1206*, *1221*, *1229*, *1233*, *1237*, *1240*, *1243*, *1252*, *1256*, *1262*, *1269*
Stelax 10 (RW) ... *1396*, *1397*
Stelax 25 (RW) ... *1396*, *1397*
Stemetil(IX) ... *30*, *71*
Steqeyma (EW) ... *1206*, *1221*, *1240*, *1243*
Steqeyma(EW) *1204*, *1208*, *1210*, *1211*, *1214*, *1215*, *1216*, *1219*, *1224*, *1226*, *1247*, *1256*, *1262*, *1269*
Steripaste 3610(MH) ... *1745*
STIRIPENTOL ... 1478
Stoboclo (EW) ... *1408*
Stromectol(MK) ... *1560*
SUCROFERRIC OXYHYDROXIDE ... 1651
SULFASALAZINE ... 99
Sulprix (AF) ... *1505*
Sulprix(AF) ... *1505*
SULTHIAME ... 1479
Sumagraine Migraine Relief(GQ) ... *1454*
Sumatran (OW) ... *1454*
SUMATRIPTAN ... 1453
Sumatriptan generichealth(GQ) ... *1454*
Sumatriptan Sandoz (SZ) ... *1454*
SUMATRIPTAN-WGR(WG) ... *1454*
SUNITINIB ... 479, 480, 481, 482
Sunitinib Sandoz (SZ) ... *479*, *480*, *481*, *482*
Sunitinib Sandoz(SZ) ... *479*, *480*, *481*, *482*
SUNSCREENS ... 1725
Sunsense Comfort SPF 50+(EO) ... *1725*
Sunsense Sensitive SPF 50+(EO) ... *1725*
SUPIROCIN (JM) ... *1726*
Suprasorb G 33631(LC) ... *1758*
Supriad Cream(XT) ... *244*, *245*, *246*
Supriad Fatty Ointment (XT) ... *244*, *245*, *246*
Supriad Ointment (XT) ... *244*, *245*, *246*
Surepress 650947(CC) ... *1742*
Surepress 650948(CC) ... *1741*
Sutent (PF) ... *479*, *480*, *481*, *482*
Sutent(PF) ... *479*, *480*, *481*, *482*
Symbicort Rapihaler 100/3(AP) ... *1566*, *1567*, *1568*, *1569*, *1570*
Symbicort Rapihaler 200/6(AP) ... *1568*, *1570*, *1574*
Symbicort Turbuhaler 100/6(AP) ... *1567*, *1568*, *1569*
Symbicort Turbuhaler 200/6(AP) ... *1567*, *1568*, *1569*, *1572*, *1573*
Symbicort TURBUHALER 400/12(AP) ... *1575*, *1576*
Symmetrel 100 (NV) ... *1489*
Synacthen Depot 1 mg/1 mL(IX) ... *278*
Synarel(PF) ... *282*
Syquet(AF) ... *1504*
Systane Balance(AQ) ... *1646*, *1647*
Systane(AQ) ... *1645*, *1646*
Tacidine (AF) ... *40*
Tacrograf (RW) ... *1271*
Tacrograf(RW) ... *1271*, *1272*
TACROLIMUS ... 1270, 1271
Tacrolimus Sandoz (SZ) ... *1271*, *1272*
Tacrolimus Sandoz(SZ) ... *1270*, *1271*
Tacrolimus XR Sandoz (SZ) ... *1270*, *1271*, *1272*
Tadalaccord (CR) ... *1730*
TADALAFIL .Repatriation Pharmaceutical Benefits Scheme ... 1730
Tadalafil GH (GQ) ... *1730*
Tadalafil GH(GQ) ... *1730*
Tadalafil Sandoz (SZ) ... *1730*
Tadalafil Sandoz Pharma (HX) ... *1730*
Tadalafil Sandoz Pharma(HX) ... *1730*
Tadalafil Sandoz(SZ) ... *1730*
TADALAFIL-WGR (WG) ... *1730*
TADALAFIL-WGR(WG) ... *1730*
TAFAMIDIS ... 1556
Tafinlar(NV) ... *410*, *411*, *412*, *413*, *414*
Tagrisso(AP) ... *410*

Takhzyro(TK) *167*
Talam (RW) *1519*
Talam(RW) *1519*
TALAZOPARIB 508
Taltz(LY) *1081*, *1084*, *1088*, *1093*, *1100*
Talzenna(PF) *508*
Tamate (AF) *1480*, *1481*, *1482*
Tambocor(IL) *168*
Tamosin(OX) *520*, *521*
TAMOXIFEN 520, 521
Tamoxifen Sandoz (SZ) *520*, *521*
Tamsil (RW) *239*, *1724*
TAMSULOSIN 1732
Tamsulosin Lupin SR(GQ) *1732*
Tamsulosin Sandoz SR (SZ) *1732*
TAMSULOSIN-WGR SR(WG) *1732*
Tanilone (Fatty)(AS) *244*, *245*, *246*
TAPE NON WOVEN RETENTION POLYACRYLATE . 1764
TAPE PLASTER ADHESIVE ELASTIC 1764
TAPE PLASTER ADHESIVE HYPOALLERGENIC 1764
TAPE PLASTER ADHESIVE WITH SILICONE 1765
TAPENTADOL 1445
TAR + COAL TAR SOLUTION + SALICYLIC ACID 1727
TAR + TROLAMINE LAURIL SULFATE 1725
Targin 10/5mg (MF) *1437*, *1699*
Targin 15/7.5mg (MF) *1437*, *1699*
Targin 2.5/1.25 mg (MF) *1437*, *1699*
Targin 20/10mg (MF) *1437*, *1700*
Targin 30/15 mg (MF) *1437*, *1699*
Targin 40/20mg (MF) *1437*, *1700*
Targin 5/2.5mg (MF) *1437*, *1700*
Targin 60/30 (MF) *1437*, *1699*
Targin 80/40 (MF) *1437*, *1699*
Tarka 2/180(GO) *205*
Tarka 4/240(GO) *205*
Tasigna(NV) *394*, *395*, *396*, *397*, *399*, *400*, *401*
Tavneos(CS) *1381*
Tazac(RW) *40*
Tears Naturale(AQ) *1642*
Tecentriq SC(RO) *489*, *490*, *491*, *492*
Tecfidera (BD) *1386*, *1387*
Tegaderm Transparent 1628(MM) *1748*
Tegaderm Transparent Island 3582(MM) *1748*
Tegaderm Transparent Island 3586(MM) *1748*
Teglutik(JW) *1555*, *1556*
Tegretol 100(NV) *1460*, *1461*
Tegretol 200(NV) *1460*, *1461*
Tegretol CR 200(NV) *1460*, *1461*
Tegretol CR 400(NV) *1460*, *1461*
Tegretol Liquid(NV) *1460*, *1461*
Telfa 8252F(KE) *1743*
Telfa 8253F(KE) *1743*
Telfa 8254F(KE) *1743*
Telfast 120(VZ) *1740*
Telfast(VZ) *1740*
TELMISARTAN 208, 209
TELMISARTAN + AMLODIPINE 216, 217
TELMISARTAN + HYDROCHLOROTHIAZIDE 213
TELMISARTAN HCTZ-WGR 40/12.5 (WG) *213*
TELMISARTAN HCTZ-WGR 80/12.5 (WG) *213*
TELMISARTAN HCTZ-WGR 80/25 (WG) *213*
Telmisartan Sandoz (SZ) *209*
Telmisartan/Amlodipine Viatris (AF) *216*, *217*
Telmisartan/HCT Sandoz(SZ) *213*
TELMISARTAN-WGR(WG) *209*
Teltartan (RW) *209*
Teltartan HCT 40/12.5(RW) *213*
Teltartan HCT 80/12.5(RW) *213*
Teltartan HCT 80/25(RW) *213*
Temaze (AF) *1515*, *1516*, *1707*
TEMAZEPAM 1515, 1516, 1707
TEMAZEPAM-WGR(WG) *1515*, *1516*, *1707*
Temizole 100 (AL) *342*, *343*
Temizole 140 (AL) *342*, *343*
Temizole 20 (AL) *342*, *343*
Temizole 250 (AL) *342*
Temizole 5 (AL) *342*, *343*
Temodal(MK) *342*, *343*
TEMOZOLOMIDE 342, 343
Temozolomide Juno (JX) *342*, *343*
Temozolomide Juno(JX) *342*, *343*
Temtabs (LN) *1515*, *1516*, *1707*
TenderWet 24 Active 609210(HR) *1754*
TenderWet 24 Active 609213(HR) *1755*
TenderWet Active Cavity 609272(HR) *1754*
TENOFOVIR DISOPROXIL + EMTRICITABINE 340
Tenofovir Disoproxil Emtricitabine Viatris 300/200(AL) ... *340*
TENOFOVIR/EMTRICITABINE 300/200 APX (XW) *340*, *341*
TENOFOVIR/EMTRICITABINE 300/200 ARX(XT) . *340*, *341*
Tenofovir/Emtricitabine Sandoz 301/200(SZ) *340*
Tenofovir/Emtricitabine Sandoz Pharma 300/200 (HX) .. *340*
Tenormin(IX) *188*
Tensig(RW) *188*
Tensocrepe 36300501(BV) *1743*
Tensocrepe 36301001(BV) *1743*
Tensocrepe 36307501(BV) *1743*
Tensopress 71723-00(BV) *1742*
Tepmetko(SG) *457*
TEPOTINIB 457
TERBINAFINE
.DERMATOLOGICALS 238, 239
.Repatriation Pharmaceutical Benefits Scheme 1724
Terbinafine Sandoz (SZ) *239*
Terbinafine Sandoz(SZ) *1724*
Terbinafine-DRLA(RZ) *239*
TERBINAFINE-WGR (WG) *1724*
TERBINAFINE-WGR(WG) *239*
TERBUTALINE
.RESPIRATORY SYSTEM 1563, 1605
TERIFLAGIO(RW) *1386*
TERIFLUNOMIDE 1385
Teriflunomide Dr.Reddy's (RZ) *1386*
Teriflunomide GH(GQ) *1386*
Teriflunomide Sandoz (SZ) *1386*
Terimide(AF) *1386*
TERIPARATIDE
.MUSCULO-SKELETAL SYSTEM 1410, 1411
.SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS 295
Teriparatide Lupin(GQ)
.MUSCULO-SKELETAL SYSTEM *1411*, *1412*
.SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS *295*, *296*
Terrosa (FX) *295*, *296*, *1411*, *1412*
Tertroxin(AS) *293*, *294*
Testavan(IX) *262*, *263*
Testogel(HB) *262*, *263*
TESTOSTERONE 261, 262, 263, 264
Testosterone ADVZ 1000 (BZ) *266*
TESTOSTERONE UNDECANOATE 265
TETRABENAZINE 1557
Tetrabenazine SUN (RA) *1557*, *1558*
TETRACOSACTIDE 278
Tevatiapine XR (TB) *1503*
Tevatiapine XR(TB) *1503*
Teveten Plus 600/12.5(GO) *211*
Teveten(GO) *206*, *207*
THEOPHYLLINE 1605
THIAMINE 134, 135, 1720

Thioprine 50 (AF) *1386*
THIRAZOL (NB) *294*
Thyrogen(GZ) *278*
THYROTROPIN ALFA 278
Thyrox (IX) *291*
TIAGABINE 1462, 1463
Tibsovo(SE) *509*
TICAGRELOR 149
Ticagrelor Dr.Reddy's (RZ) *149*
Ticagrelor Lupin(GQ) *149*
Ticagrelor SUN (RA) *149*
Ticagrelor Viatris(AF) *149*
TICALOR (XE) *149*
Tielle MTL101E(KI) *1755*
Tielle MTL103(KI) *1755*
TILDRAKIZUMAB 1155, 1158
TIMOEYE(DZ) *1617*
TIMOLOL 1617
Timoptol (MF) *1617*
Timoptol XE(MF) *1617*
Tinaderm(BN) *1724*
Tinasil (AF) *239*
Tinasil(AF) *1724*
TIOGUANINE 344
TIOTROPIUM 1597, 1598, 1599, 1600
TIOTROPIUM + OLODATEROL 1591
Tiotropium Lupin(GQ) *1600*
Tirela(NB) *149*
TIROFIBAN 149
Tirofiban Juno (JU) *150*
Tixol 30 (AL) *1529*
Tixol 60 (AL) *1528*, *1529*
TOBI podhaler(GO) *317*, *318*
Tobi(GO) *318*, *319*
Tobra-Day(FF) *317*
TOBRAMYCIN 317, 318
TOBRAMYCIN SUN (RA) *318*, *319*
Tobramycin Viatris(AL) *318*
TOBRAMYCIN WKT(XT) *318*, *319*
TOCILIZUMAB .1165, 1167, 1168, 1169, 1171, 1173, 1174, 1175, 1177, 1179, 1180, 1181, 1184, 1187, 1192, 1194, 1197
TOFACITINIB ..1293, 1295, 1296, 1298, 1300, 1302, 1304, 1306, 1309, 1312, 1316, 1320, 1324
Tofranil 10(GH) *1518*
Tofranil 25(GH) *1518*
TOLAK 4% ONCE DAILY(AS) *1734*
TOLNAFTATE 1724
TOLVAPTAN 186
Tolvaptan Lupin (GQ) *186*, *187*
Topamax Sprinkle(JC) *1480*
TOPIRAMATE 1479, 1480, 1481
Topiramate Sandoz(SZ) *1480*, *1481*, *1482*
TOPIRAMATE-WGR (WG) *1480*, *1481*, *1482*
Topreloc-XL(CR) *189*, *190*
Toprol-XL 190 (AP) *189*, *190*
Toprol-XL 47.5 (AP) *190*
Toprol-XL 95 (AP) *190*
Toujeo Solostar(SW) *103*
Trajenta(BY) *120*
Trajentamet(BY) *113*
TRAMADOL 32, 1446, 1447, 1449
Tramadol AN(JU) *32*, *1447*, *1448*
Tramadol Sandoz (SZ) *32*, *1446*, *1447*, *1448*
Tramadol Sandoz SR (SZ) *1450*
Tramadol SR generichealth(GQ) *1450*
TRAMADOL-WGR SR (WG) *1450*
TRAMADOL-WGR(WG) *1446*, *1447*, *1448*
Tramal 100(CS) *32*, *1447*, *1448*
Tramal SR 100(CS) *1450*
Tramal SR 150(CS) *1450*
Tramal SR 200(CS) *1450*
Tramal SR 50(CS) *1450*
Tramal(CS) *1446*, *1447*, *1448*, *1449*
Tramedo (AF) *1446*, *1447*, *1448*
Tramedo SR(AL) *1450*
TRAMETINIB 424, 425, 426
Tranalpha (AF) *201*, *202*
Tranalpha(AF) *202*
TRANDOLAPRIL 201, 202
TRANDOLAPRIL + VERAPAMIL 205
Trandolapril Viatris (AL) *202*
Trandolapril Viatris(AL) *201*, *202*
TRANEXAMIC ACID 160
Tranexamic Acid Lupin (GQ) *160*
Tranexamic Acid Waymade(IX) *160*
Transiderm-Nitro 25(SZ) *173*
Transiderm-Nitro 50(SZ) *173*
TRANYLCYPROMINE 1526
TRANYLMED (DZ) *1526*
TRASTUZUMAB 488
Travatan(NV) *1619*, *1620*
TRAVOPROST 1619, 1620
TRAVOPROST + TIMOLOL 1620
Trazent(AF) *1386*
Trelegy Ellipta 100/62.5/25(GK) *1588*
Trelegy Ellipta 200/62.5/25(GK) *1589*
Tremfya(JC) *1071*, *1079*
Tresiba Penfill(NO) *102*
Trexject(LM) *1388*, *1389*
TRIAMCINOLONE
.DERMATOLOGICALS 241
.SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS 288
TRIAMCINOLONE + NEOMYCIN + GRAMICIDIN + NYSTATIN 1647
Triasyn 5.0/5.0(SW) *205*
Tricortone(LN) *241*
TRIENTINE 145
Trientine Dr. Reddy's(RZ) *145*
Trientine Waymade (IX) *145*
Trifeme 28(FZ) *260*
TRIFLURIDINE + TIPIRACIL 348, 349
TRIGLYCERIDES LONG CHAIN WITH GLUCOSE POLYMER 1688
TRIGLYCERIDES MEDIUM CHAIN AND LONG CHAIN WITH GLUCOSE POLYMER 1688
TRIGLYCERIDES MEDIUM CHAIN FORMULA 1666
TRIHEXYPHENIDYL 1483
Trileptal(NV) *1462*
Trimbow(EU) *1584*, *1585*, *1586*, *1587*
TRIMETHOPRIM 313
TRIMETHOPRIM + SULFAMETHOXAZOLE 314
Trimethoprim Viatris(MQ) *313*
TRIMETHOPRIM-WGR (WG) *313*
Triprim(RW) *313*
TRIPTORELIN 519
Triquilar ED(BN) *260*
Tritace 10 mg (SW) *200*
Tritace 2.5 mg(SW) *200*, *201*
Tritace 5 mg(SW) *200*, *201*
Tritace(SW) *200*, *201*
Trovas (RA) *221*, *222*
Trulicity(LY) *124*
Truqap(AP) *461*
Trusamide(AF) *1616*
Trusopt (MF) *1616*
Trust Aspirin EC 100(CR) *1722*
Trust Cetirizine (CR) *1740*
Trust Coloxease (CR) *1718*

Trust Cystitis Relief(CR) *1731*
Trust Decongestant Nasal Spray (CR) *1739*
Trust Deworm(CR) *1739*
Trust Fem V 3 Day Cream (CR) *1728*
Trust Fem V 6 Day Cream(CR) *1729*
Trust Fexit 120 (CR) *1740*
Trust for Kids Paracetamol 6 to 12 years (CR) *1737*
Trust HydroCortic Cream (CR) *1726*
Trust Loratadine (CR) *1740*
Trust Loratadine Antihistamine(RM) *1740*
Trust Nystatin Oral Drops (CR) *1717*
Trust Sinus & Nasal Decongestant (CR) *1739*
Trust Terbinafine Cream(CR) *1724*
Tryzan Caps 1.25(AF) *200*, *201*
Tryzan Caps 10(AF) *200*
Tryzan Caps 2.5 (AF) *200*, *201*
Tryzan Caps 5 (AF) *200*, *201*
Tubegauz 0501633(SS) *1744*
Tubifast 2434(MH) *1744*
Tubifast 2436(MH) *1744*
Tubifast 2438(MH) *1744*
Tubigrip 1479(MH) *1745*
Tubigrip 1480(MH) *1745*
Tubigrip 1481(MH) *1745*
Tubigrip 1482(MH) *1744*
Tubigrip 1483(MH) *1744*
Tubigrip 1484(MH) *1744*
Tubigrip 1486(MH) *1745*
Tubigrip B 1520(MH) *1744*
Tubigrip C 1545(MH) *1744*
Tubigrip D 1546(MH) *1744*
Tubigrip E 1547(MH) *1744*
Tubigrip F 1548(MH) *1744*
Tykerb(NV) *436*, *437*
Tylactin Build 20(QH) *1683*
Tylactin Complete(QH) *1683*
Tylactin RTD(QH) *1683*
TYR Anamix infant(SB) *1679*
TYR Anamix Junior(SB) *1679*
TYR cooler 20(VF) *1679*
TYR Easy Shake & Go(OH) *1675*
TYR Easy Tablet(OH) *1674*
TYR explore5(VF) *1679*
TYR Lophlex LQ 20(SB) *1679*
TYR Lophlex(SB) *1679*
TYR Sphere20(VF) *1683*
Tyrosine 1000(VF) *1688*
TYROSINE WITH CARBOHYDRATE 1688
ultibro breezhaler 110/50(NV) *1590*
UMECLIDINIUM 1600, 1601
UMECLIDINIUM + VILANTEROL 1592
UPADACITINIB 1327, 1328, 1329, 1331, 1333, 1335, 1337, 1339, 1340, 1342, 1345, 1348, 1349, 1350, 1354, 1358, 1362, 1366
Ural Sachets (AS) *1731*
Uramet (AS) *323*
UREA 1724
Urederm(KY) *1724*
Uremide (AF) *183*
UREMIDE 20 (AF) *29*, *183*, *184*
UREMIDE 20(AF) *184*
Urex-Forte(RW) *183*
UrgoClean Pad 100370(UG) *1754*
UrgoClean Pad 100372(UG) *1754*
UrgoK2 100396(UG) *1742*
UrgoK2 100397(UG) *1742*
UrgoK2 Lite 100400(UG) *1742*
UrgoK2 Lite 100401(UG) *1742*
UrgoStart Border 100480(UG) *1749*
UrgoStart Border 100481(UG) *1749*
UrgoStart Border 100482(UG) *1749*
UrgoStart Contact-Interface-Tul 100380(UG) *1748*
UrgoStart Contact-Interface-Tul 100381(UG) *1748*
UrgoStart Pad 100376(UG) *1749*
UrgoStart Pad 100377(UG) *1749*
UrgoStart Pad 100378(UG) *1750*
UrgoStart Plus Border 100460(UG) *1762*
UrgoStart Plus Border 100461(UG) *1762*
UrgoStart Plus Border 100462(UG) *1762*
UrgoStart Plus Non Adhesive 100441(UG) *1762*
UrgoStart Plus Non Adhesive 100442(UG) *1762*
UrgoStart Plus Pad 100421(UG) *1762*
UrgoStart Plus Pad 100422(UG) *1762*
UrgoTul Absorb Silicone Border 102203(UG) *1749*
UrgoTul Contact 100351(UG) *1748*
UrgoTul Lite Border 100357(UG) *1760*
UrgoTul Lite Border 10035710(UG) *1760*
Uromitexan(BX) *1652*
Urorec(YN) *1732*
URSODEOXYCHOLIC ACID 73
Ursodox GH (GQ) *73*
Ursodox GH(GQ) *73*
Ursofalk (FD) *73*
Ursofalk(FD) *73*
Ursosan (BZ) *73*
USTEKINUMAB 1202, 1204, 1206, 1208, 1210, 1212, 1214, 1215, 1216, 1219, 1221, 1224, 1226, 1229, 1233, 1237, 1240, 1243, 1247, 1252, 1256, 1262
Utrogestan (HB) *269*
Vabysmo(RO) *1630*, *1631*, *1632*, *1633*, *1634*
Vaclovir (AF) *336*
Vaclovir(AF) *335*, *336*
Vagifem Low (NO) *266*, *268*
VALACICLOVIR 335, 336
Valaciclovir RBX (RA) *335*, *336*
Valaciclovir RBX(RA) *336*
Valaciclovir Sandoz (SZ) *336*
Valaciclovir Sandoz(SZ) *335*, *336*
Valaciclovir SZ (HX) *335*, *336*
VALACICLOVIR-WGR (WG) *336*
VALACICLOVIR-WGR(WG) *335*, *336*
Valine 1000(VF) *1688*
Valine 50(VF) *1688*
VALINE WITH CARBOHYDRATE 1688
Valium(IX) *1512*, *1513*, *1706*
Valpam 2(RW) *1512*, *1513*, *1706*
Valpam 5 (RW) *1512*, *1513*, *1706*
Valpro EC 200 (AF) *1463*, *1464*
Valpro EC 500 (AF) *1463*, *1464*
VALPROATE 1463, 1464
Valproate Winthrop EC 200(WA) *1463*, *1464*
Valproate Winthrop EC 500(WA) *1463*, *1464*
VALSARTAN 209
VALSARTAN + HYDROCHLOROTHIAZIDE 213, 214
Valtresto(TX) *220*
Valtrex(RW) *335*, *336*
Vancocin(AS) *90*
VANCOMYCIN
.ALIMENTARY TRACT AND METABOLISM 90
.ANTIINFECTIVES FOR SYSTEMIC USE 321
Vancomycin BNM 125mg (BZ) *90*
Vancomycin BNM 250mg (BZ) *90*
Vancomycin Juno(XT) *321*
VANCOMYCIN MEDSURGE (DZ) *321*
Vancomycin Viatris(AL) *321*
VARENAPIX (TX) *1553*, *1554*
VARENICLINE 1553, 1554
Varenicline Lupin(GQ) *1553*, *1554*
Varenicline Sandoz (SZ) *1553*, *1554*
Varenicline Viatris(AF) *1553*, *1554*

Vasafil 100 (RW) ... *1730*
Vasafil 25(RW) ... *1730*
Vasafil 50 (RW) ... *1730*
Vasocardol CD (AV) ... *195*, *196*
Vasocardol(AV) ... *195*, *196*
Vazkepa(CS) ... *231*
Vedafil (AF) ... *1730*
Vedafil(AF) ... *1730*
Vedilol 12.5(RW) ... *192*
Vedilol 25(RW) ... *192*
Vedilol 3.125(RW) ... *192*
Vedilol 6.25(RW) ... *192*
VEDOLIZUMAB ... 1370, 1371, 1372, 1373, 1374, 1377
Velabine(XT) ... *349*
Velmetia(XT) ... *115*, *116*
Velphoro(CS) ... *1651*
Velsipity(PF) ... *1273*, *1276*
Veltassa(CS) ... *1650*
VEMURAFENIB ... 415
Venclexta(VE) ... *510*, *511*, *512*, *513*, *514*
VENETOCLAX ... 510, 511, 512, 513, 514
VENLAFAXINE ... 1533, 1534
Venlafaxine generichealth XR (GQ) ... *1533*, *1534*
VENLAFAXINE XR-WGR(WG) ... *1533*, *1534*
Venofer(CS) ... *161*
Ventolin CFC-Free with dose counter(GK) ... *32*, *1562*
Ventolin Nebules(GK) ... *32*, *1563*
Ventolin(GK) ... *1605*
Vepesid(LM) ... *350*
VERAPAMIL ... 195
VERICIGUAT ... 175
Verquvo(BN) ... *175*, *176*
Verzenio(LY) ... *427*, *428*
VesiCulture(LM) ... *532*
Vexazone (AF) ... *118*
Vexazone(AF) ... *118*
Vfend(PF) ... *327*, *329*
VIGABATRIN ... 1464
VILDAGLIPTIN ... 123
VILDAGLIPTIN + METFORMIN ... 116, 117
Vimcosa (CR) ... *1468*, *1469*, *1470*, *1471*, *1472*
Vimcosa(CR) ... *1468*, *1470*
Vimpat (UC) ... *1468*, *1469*, *1470*, *1471*
Vimpat(UC) ... *1468*, *1469*, *1470*, *1471*, *1472*
VINORELBINE ... 349
ViruPOS(AE) ... *1608*
Visanne (BN) ... *270*
Viscopaste 4948(SN) ... *1745*
Viscotears Gel PF(UO) ... *1640*
Viscotears(UO) ... *1639*, *1640*
VISMODEGIB ... 497
Vita-B12 (GH) ... *162*
Vita-B12(GH) ... *1722*
VITAMINS, MINERALS AND TRACE ELEMENTS ... 1688
VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE ... 1688, 1689
Vitrakvi(BN) ... *463*, *464*, *465*, *466*
Vizo-PF Dorzolatim (AE) ... *1616*
Vliwasorb Pro 32641(LC) ... *1761*
Vliwasorb Pro 32643(LC) ... *1761*
Vliwasorb Pro 32644(LC) ... *1761*
Volirop 12.5 (ZS) ... *192*
Volirop 25 (ZS) ... *192*
Volirop 3.125 (ZS) ... *192*
Volirop 6.25 (ZS) ... *192*
Voltaren 25(NV) ... *1391*
Voltaren 50(NV) ... *1391*
Voluven 6%(PK) ... *162*
VORICONAZOLE ... 327, 328
Voriconazole Sandoz(SZ) ... *327*, *328*
VORINOSTAT ... 494, 495
Vosevi(GI) ... *340*
VOSORITIDE ... 1412
Votrient (NV) ... *473*, *474*, *475*
Voxzogo(IO) ... *1413*
Vttack (AF) ... *327*, *328*
Vumerity(BD) ... *1387*
Vyalev(VE) ... *1484*
Vyepti(LU) ... *1455*
Vyndamax(PF) ... *1557*
Vytorin(AL) ... *236*, *237*
Vyvanse(TK) ... *1538*
Vzole(RW) ... *327*, *328*
Wagner Health Paracetamol (BG) ... *1450*, *1451*, *1737*
WARFARIN ... 145
Waxsol(GO) ... *1740*
Welireg(MK) ... *510*
Wellvone (AS) ... *1558*
Wezlana (AN) ... *1204*, *1208*, *1210*, *1211*, *1214*, *1215*, *1216*, *1219*, *1224*, *1226*, *1229*, *1233*, *1237*, *1247*, *1252*, *1256*, *1262*, *1269*
Wezlana(AN) ... *1206*, *1207*, *1210*, *1214*, *1216*, *1221*, *1240*, *1243*
WGR-IBUPROFEN 400 (WG) ... *1393*, *1693*
WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, LONG CHAIN POLYUNSATURATED FATTY ACIDS, VITAMINS AND MINERALS, LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE ... 1689
WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, VITAMINS AND MINERALS, AND LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE ... 1689
WOOL ALCOHOLS ... 1724
WP Carbimazole(TN) ... *294*
Wynzora 50/500(KT) ... *240*
Wyost(SZ) ... *1407*, *1408*
Xadago (IX) ... *1496*
XAFIMED(DZ) ... *1496*
Xalacom (AS) ... *1619*
Xalamol 50/5(AF) ... *1619*
Xalaprost(AF) ... *1618*, *1619*
Xalatan (AS) ... *1618*, *1619*
Xalkori(PF) ... *419*, *420*
Xarelto (AF) ... *156*
Xarelto(AF) ... *155*, *156*, *157*, *158*, *159*, *160*
XAREMED (DZ) ... *155*, *156*, *157*, *158*, *159*, *160*
XAREMED(DZ) ... *156*
Xatral SR(SW) ... *1731*
Xelabine(AL) ... *346*
Xelevia(XT) ... *122*, *123*
Xeljanz(PF) ... *1294*, *1296*, *1298*, *1300*, *1302*, *1304*, *1305*, *1309*, *1312*, *1316*, *1320*, *1323*, *1324*, *1327*
Xenical(PB) ... *1720*
Xergic(AF) ... *1740*
Xgeva (XT) ... *1407*, *1408*
Xgeva(XT) ... *1407*
Xifaxan(NE) ... *90*
Xigduo XR 10/1000(AP) ... *108*, *109*
Xigduo XR 10/500(AP) ... *108*, *109*
Xigduo XR 5/1000(AP) ... *108*
XLYS, LOW TRY Maxamum(SB) ... *1676*
Xobet(XT) ... *249*
XOROX (IX) ... *1608*
Xospata(LL) ... *462*, *463*
XP Maxamum(SB) ... *1679*
Xtandi(LL) ... *524*, *525*
Xylocaine Viscous(AS) ... *1725*
Xylocard 500(AS) ... *168*
YANA (XT) ... *259*

Yasmin(XW) *259*
Yaz(XW) *259*
Yelena (XT) *259*
YELLOW JACKET VENOM 1648
Yonsa Mpred(RA)
.ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS *529*
.SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS *284*
Yuflyma (EW). *545*, *547*, *549*, *550*, *551*, *552*, *553*, *555*, *557*, *559*, *562*, *573*, *574*, *575*, *579*, *586*, *589*, *597*, *599*, *601*, *604*, *606*, *611*, *615*, *618*, *625*, *627*, *630*, *633*, *635*, *641*, *643*, *648*, *651*, *653*, *656*, *659*, *662*, *665*, *667*, *670*, *671*, *673*, *674*, *675*, *679*, *682*, *685*, *688*, *691*, *692*, *695*, *702*, *705*, *708*, *713*, *718*, *722*, *727*, *733*, *750*, *751*, *755*, *760*, *765*, *768*, *773*, *778*, *783*, *788*, *792*, *798*, *804*, *822*, *829*
Yuflyma(EW). . *551*, *552*, *553*, *563*, *565*, *567*, *569*, *571*, *573*, *576*, *579*, *582*, *584*, *588*, *593*, *599*, *608*, *609*, *620*, *622*, *648*, *679*, *682*, *685*, *702*, *737*, *741*, *744*, *748*, *778*
Z.S.C.(RW) *1728*
Zabep(AL) *62*, *63*, *64*, *65*
Zactin Tablet(AF) *1523*
Zactin(AF) *1523*
Zan-Extra 10/10(GO) *203*, *204*
Zan-Extra 10/20(GO) *203*, *204*
Zanidip(GO) *194*
Zantac 150 (AS) *40*
Zantac 300 (AS) *40*
ZANUBRUTINIB 453, 454
Zarontin(IX) *1459*
ZARONTIN(IX) *1459*
Zatamil (EO) *246*, *247*, *248*
Zatamil(EO) *246*, *247*, *248*
Zedd 500(RW) *1733*
Zejula(GK) *499*, *500*, *501*, *502*
Zelboraf(RO) *415*, *416*
Zeldox(GO) *1499*, *1500*
Zelitrex (RF) *335*, *336*
Zelitrex(RF) *336*
Zempreon CFC-Free with dose counter(AL) *32*, *1562*
Zentel(AS) *1559*
Zeposia(BQ) *1278*, *1280*, *1283*
Zestril(IX) *197*, *198*
ZETIN (RW) *240*
Zetuvit Plus 413710(HR) *1761*
Zetuvit Plus 413711(HR) *1761*
Zetuvit Plus 413715(HR) *1761*
Zient 10mg(AF) *230*
Zimstat (AF) *224*
Zimstat(AF) *224*
Zimybe 10/10 (MQ) *236*
Zimybe 10/20 (MQ) *236*
Zimybe 10/40 (MQ) *236*
Zimybe 10/80 (MQ) *236*, *237*
ZINC OXIDE + MAIZE STARCH + PURIFIED TALC + CHLORPHENESIN 1728
ZINC OXIDE + PERU BALSAM + BENZYL BENZOATE 1723
Zinnat (UK)(RQ) *311*
Zinnat(AS) *312*
Zinopril 10(AL) *197*
Zinopril 20(AL) *197*
Zinopril 5(AL) *197*, *198*
ZIPRASIDONE 1499
Ziprasidone GH (GQ) *1499*, *1500*
ZIPROX(RW) *1499*, *1500*
ZipZoc 66000747(SN) *1745*
Zircol 10 (AL) *194*
Zircol 20 (AL) *194*
ZITHRO (RF) *1733*
ZITHRO(RW)
.ANTIINFECTIVES FOR SYSTEMIC USE *314*
.SENSORY ORGANS *1608*
Zithromax (PF)
.ANTIINFECTIVES FOR SYSTEMIC USE *314*
.SENSORY ORGANS *1608*
Zithromax(PF)
.Repatriation Pharmaceutical Benefits Scheme *1733*
Zithromax(PF)
.ANTIINFECTIVES FOR SYSTEMIC USE *314*
.SENSORY ORGANS *1608*
Zocor (MQ) *224*
Zofran (AS) *67*, *68*
Zofran syrup 50 mL (AS) *67*, *68*
Zofran Zydis(AS) *68*, *69*
Zofran(AS) *67*, *68*
ZolaCos CP 10.8/50(28)(AP) *517*
ZolaCos CP 10.8/50(84)(AP) *517*
ZolaCos CP 3.6/50(AP) *517*
Zoladex 10.8 Implant(AP) *516*
Zoladex Implant(AP) *516*
Zoledasta(TX) *1402*, *1403*
Zoledronate-RDY 5 (RI) *1402*, *1403*
ZOLEDRONIC ACID 1402
Zolinza(MK) *495*
ZOLMITRIPTAN 1454
Zoloft(GO) *1525*, *1526*
Zoltrip (RW) *1454*
Zomig(AS) *1454*
Zonegran(GH) *1482*, *1483*
ZONISAMIDE 1482, 1483
ZOPICLONE 1738
Zopiclone GH(GQ) *1739*
Zopral ODT(AF) *48*, *49*, *50*, *51*
Zopral(AF) *47*, *48*, *49*, *50*, *51*
Zoton FasTabs(PF) *48*, *49*, *50*, *51*
Zotren 4(RF) *67*, *68*
Zotren 8 (RF) *67*, *68*
Zotren ODT (RF) *68*, *69*
Zotren ODT(RF) *69*
ZUCLOPENTHIXOL DECANOATE 1500
Zumenon(XT) *266*, *268*
Zyamis(IX) *1514*, *1515*
Zyban(AS) *1552*
Zydelig(GI) *455*, *456*
Zydol SR 100 (RW) *1450*
Zydol SR 150 (RW) *1450*
Zydol SR 200 (RW) *1450*
Zydol(RW) *1446*, *1447*, *1448*
Zykadia(NV) *418*
Zyloprim(RW) *1397*
Zypine (AF) *1501*
Zypine ODT(AF) *1501*, *1502*
Zyprexa Relprevv(PB) *1503*
Zyprexa Zydis(PB) *1501*, *1502*
Zyprexa(PB) *1501*
ZYRON(NB) *528*
Zytiga (JC) *528*